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ABSTRACT

This report, based upon case records and follow-up interviews with 965 U.S. Servicemen returning from Vietnam investigates: (1) the availability and utilization of narcotics, marijuana and alcohol in Vietnam; (2) the psychosocial and demographic predictors of pre- and post-Vietnam narcotic use; and (3) the post-Vietnam adjustment difficulties of drug users. The interviews explore the returnees' past and present motivations for using drugs, complications of drug use, family problems, job history, depressive symptoms, psychiatric treatment in and out of the service, and disciplinary action in service. In addition, the interviews cover the personal histories of the servicemen over five time periods: before service; in service before Vietnam; in Vietnam; in service after Vietnam; and since discharge. The report includes the returnees' suggestions as to how the army should cope with widespread drug use among servicemen as well as the types of services that should be offered to Veterans. (NWS)

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THE VIETNAM DRUG USER RETURNS

Final Report

September 1973

Contract No. HSM-42-72-75

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Sponsored by

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In Cooperation With

The Department of Defense

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The Veterans Administration

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THE VIETNAM DRUG-USER RETURNS

	<i>Page</i>
Highlights of Results	vii
Chapter 1: Introduction	1
Chapter 2: Study Design	3
Chapter 3: Obtaining Interviews, Urines, and Records	5
Chapter 4: Validity of Interviews	13
Chapter 5: Portrait of the Vietnam Soldier	19
Chapter 6: Drug Use in Vietnam	29
Chapter 7: Return to the United States	45
Chapter 8: After Discharge	49
Chapter 9: Drug Use After Vietnam	57
Chapter 10: The Association of Drug Use with Post-Vietnam Adjustment	69
Chapter 11: Shifts in Drug Use over Time	77
Chapter 12: Returnees' Opinions about Army and Veterans Administration Policies ..	87
Lexicon	93
References	95
Appendix A: Sample Selection and Estimating the Population Size	A-1
Appendix B: Procedures Employed for Drug Screening	B-1
Appendix C: Interview Schedule	C-1

PREFACE

There were several forces leading to the recent concern in the United States about the problems of drug abuse. One was the rapid increase in the use of illicit drugs among youth during the 1960's. Another was the rise in the crime rate, particularly in the larger cities, during the same period. A third was the heroin addiction epidemic among American soldiers in Vietnam in 1970 and 1971. On June 17, 1971, President Richard M. Nixon created a new office in the White House to coordinate a major increase in the Federal response to these problems.

The first priority was to expand treatment programs. Today about 160,000 people are in treatment for drug abuse in over 2,000 treatment programs in every State in the Union. About half of these programs are federally funded. The large majority of these programs were created during the last 3 years of intensified effort. At the same time, there was an urgent need to respond to the issue of drug use in Vietnam. No issue was more politicized or confusing.

Now, we have a definitive study of the extent and consequences of that crisis. The study is one of the proudest achievements of SAODAP. The Office used its fiscal and coordinating resources to recruit and support an outstanding scholar epidemiologist and researcher, Dr. Lee Robins, to assess the basic issues of drug abuse in Vietnam.

This study, *The Vietnam Drug User Returns*, not only puts the problem in Vietnam in clearer perspective, but it is also a major new contribution to the understanding of the natural history of drug abuse.

Dr. Lee Robins, to whom primary credit for this work should be given, will again study these same subjects in the fall of 1974—3 years after they left Vietnam, thus extending the findings reported here.

Similar followup studies are now underway of the people who became dependent on drugs in the home neighborhoods—a far more common experience. These new studies, together with Dr. Robins' work, will give us a much firmer grasp of the problems of drug dependence and will form the basis for future policy development.

Robert L. DuPont, M.D.
Director, Special Action Office
for Drug Abuse Prevention

HIGHLIGHTS OF RESULTS

Design, Methods, and Validity (Chapters 1-4)

Approximately 13,760 Army enlisted men returned to the United States from Vietnam in September 1971. Of these, approximately 1,400 had been found to have urines positive for drugs (narcotics, amphetamines, or barbiturates) at time of departure.

From this population of returnees, a simple random sample of 470 was selected as the **GENERAL SAMPLE**. From the sub-population of men with positive urines, a sample of 495 was selected, the **DRUG POSITIVE** sample.

Between May and September 1972 (8-12 months after return) these men were sought for interview and a urine sample. In addition, their military records were abstracted and their names sought among Veterans Administration claim files.

Interviews were obtained for 95%; urines for 92%; military records for 99%; a VA claims record for 22%.

Interviews were obtained for 90% or more for every subgroup defined by race, age, rank, or type of discharge. The interview covered observations of drug use in Vietnam, opinions as to how the Army should cope with drug use, and personal histories in 5 time periods: before service, in service before Vietnam, in Vietnam, in service after Vietnam, and since discharge. Personal history items included drug and alcohol use, family problems, marital history, social relationships, school difficulties, job, arrests, depressive symptoms, psychiatric treatment, and disciplinary action.

Validity of the interview was measured against military records, urinalysis at interview, and VA records. Examples of levels of validity: admission of heroin use in Vietnam — 97%; detection as drug positive in Vietnam — 86%.

Summary of Interim Final Report

The present report continues the analysis of data from the Interim Final Report. That report had attempted to answer 11 questions. These questions and their answers in brief were as follows:

1. What proportion of those Army enlisted men whose Vietnam tour of duty ended September 1971 had used illicit drugs in Vietnam?

Results showed 45% to have used narcotics, amphetamines, or barbiturates at least once in Vietnam. Narcotics were used by 43%; amphetamines by 25%; and barbiturates by 23%.

*The Interim Report was based entirely on precoded interview data for all subjects and on military records only for men released from service. The Final Report includes all interview answers, both precoded and open-ended, and all available record data. In analyzing the open-ended elaborations of precoded responses, we occasionally felt that the interviewer had checked the wrong alternative among the available codes for precoded questions. Correcting these interviewer errors has led to some small differences in percentages. Where there are discrepancies between the Interim Report and results reported here, the figures in this report are what we believe to be correct.

Narcotics were used regularly (more than 10 times total and more than weekly) by 29%, and 20% reported that they had been addicted to narcotics in Vietnam. The most common method of administration was by smoking. Only 8% had injected a narcotic in Vietnam.

Drug users were disproportionately young, single, Regular Army men from large cities. They tended to have had less education, more drug experience before Service, more civilian arrests, and more disciplinary history in Service than men who did not use drugs in Vietnam.

2. How many Army enlisted men were drug positive at DEROS? Estimating on the basis of interview, military records, and report from the Surgeon General, we estimated that 10.5% of all Army enlisted men returning from Vietnam to the United States in September 1971 had urines positive for illicit drugs.

3. How dependent on narcotics were men detected as positive at DEROS? All but 11% of men detected as drug-positive had one or more of the following signs of dependence: self-assessment as addicted, regular use of narcotics for more than a month; withdrawal lasting two days or more, two or more of the classic withdrawal symptoms of chills, twitching, stomach cramps and muscle pain, and preferring injecting or sniffing narcotics to smoking them. More than three-fourths of the detected men had three or more of these signs of dependence.

4. What proportion of Army enlisted men found positive at DEROS had been introduced to narcotics before they ever arrived in Vietnam? About one-fourth (28%) had had some experience with narcotics before Vietnam, and that experience was usually occasional use of codeine and codeine cough syrups. Only 7% had ever tried heroin before Vietnam and only 2% had been addicted before Vietnam.

5. What proportion of Army enlisted men who returned to the United States in September 1971 used narcotics in the 8 to 12 months between their return and interview? In all, 10% used narcotics between their return and interview. Only about 1% had been readdicted since their return. The 10% who had used narcotics in the States had usually injected heroin, rather than continuing the oral use of codeine that typified pre-Vietnam narcotic use.

6. Did men who used narcotics after Vietnam continue their use up to time of interview? Only 2% of the returnees (8% of men who had been detected as positive at DEROS) told interviewers they were currently using narcotics. Urine samples collected at interview also were positive for morphine or codeine for 1%.

7. What other drugs did returnees use after Vietnam? Half the returnees reported use of marijuana since their return, 19% reported amphetamine use, and 12% barbiturate use. Amphetamines were detected in the urines of 11%; barbiturates in the urines of 2%. Users of narcotics tended to use other drugs as well and vice versa.

8. How many returnees had been treated for drug problems? Only 5% had had any drug treatment since return, and almost all that treatment had been while still in service. Even men detected as drug positive at DEROS had been to the VA for treatment in only 4% of cases.

9. Did low treatment rates result from lack of treatment opportunities? The desire for treatment was low. Less than 1% said they were interested in treatment at time of interview. Even among men who had been detected as drug positive, only 5% were currently interested in treatment. Very few had sought treatment unsuccessfully.

10. Was drug use in Vietnam associated with post-Vietnam problems in readjustment? Men identified as drug positive in Vietnam had more unemployment, arrests, and divorces after return than other soldiers, even taking into account their lower education and more frequent pre-service arrest history. Attempts at causal analysis were not made in the interim report.

11. What were the predictors of post-Vietnam narcotics use? Demographic characteristics (race, age, marital status) did not predict which men detected as drug positive in Vietnam would continue their narcotic use after Vietnam. Best predictors appeared to be a history of narcotics use before Vietnam, regular narcotics use in Vietnam, and heavy use of other drugs as well as narcotics in Vietnam. When all three of these conditions applied, 62% used narcotics after return.

These findings were striking in two ways: they showed a surprisingly high remission rate for heroin addiction, and they showed that many men who reported addiction in Vietnam had used narcotics occasionally thereafter without having become readdicted. The low rate of post-Vietnam readdiction was reflected in a lack of felt need for treatment for drug problems.

Findings from the Final Report.

Portrait of the Vietnam Soldier (Chapter 5)

Vietnam soldiers did not differ in their civilian pre-service drug experience from a national sample of young men answering a questionnaire concerning their drug use in the same year that most of these soldiers entered service. Almost half the soldiers had tried an illicit drug before service, but this was usually marijuana. 11% had tried a narcotic, but only 1% had used a narcotic more than a few times before service.

Drug-experienced men at induction differed from drug-naïve men in having more delinquency, being younger, being drunk earlier, more coming from a large city, more being black, more having a history of truancy and more having parents who had separated, drunk excessively, or been arrested. However, the correlations between these variables and drug use were not powerful.

The most common duration for the Vietnam tour was one year. About half the soldiers experienced actual combat.

Heroin, marijuana, and alcohol were constantly and universally available. Other drugs available to large numbers of men in Vietnam included amphetamines, opium, barbiturates, and hallucinogens.

Users and non-users alike thought heroin the "worst" drug available.

Drug Use in Vietnam (Chapter 6)

Estimated rates of use (at least once) of various types of drugs in Vietnam were:

Alcohol	92%
Marijuana	69
Opium	38
Heroin	34
Amphetamines	25
Barbiturates	23

Heavy alcohol use in Vietnam was *inversely* related to narcotic use. Use of other illicit drugs was positively associated with narcotic use.

Use of narcotics typically began early in the tour of duty. More than half of users began within the first two months after arrival in Vietnam.

The major reason given for narcotic use was its euphoria-producing effects; other common reasons included reduction of irritation at Army regulations, homesickness, boredom, depression, and insomnia.

The chief bad effects of narcotic use reported were harm to health (25% of users), nausea (19%) and aggression (13%). However, many men felt they had no particular problems as a result of using narcotics. Ninety percent of users did not think they had any long-term ill effects.

The most common method of administration of heroin was by smoking, followed by sniffing, and then injection. While injection was rare, its frequency increased with prolonged use, until 40% of all users for 9 months or more had injected.

Approximately 10.5% of the men were detected as drug positive at DEROS.

By multivariate analysis, the best pre-service predictors of narcotic use in Vietnam were pre-service drug use, particularly multiple drug use, heavy drinking (among those without extensive pre-service drug use), delinquency, truancy, being under 20 at arrival in Vietnam, and being a first-term enlistee (rather than a draftee).

The best pre-service predictors that the experimental use of narcotics would progress to heavy use were experience with narcotics or amphetamines before Vietnam, Army disciplinary problems prior to arrival in Vietnam, coming from a large city, and being an enlistee rather than a draftee.

The later in the course of the Vietnam tour the first use of narcotics occurred, the less likely was use to become heavy.

Men who used drugs in Vietnam had an excess of disciplinary problems while there, with resulting demotions and failure to be promoted.

Discharge and After (Chapters 7-8)

Discharge

At interview 18% were still in service, 82% discharged. Those still in included almost all the older, career soldiers, some first-term enlistees, and no draftees.

Ninety-two percent of the discharged general sample received an honorable discharge, and only 2% got a general discharge or a discharge without honor in which drugs were cited as the reason. Since 20% reported themselves addicted in Vietnam, this suggests that many addicted men were able to function acceptably as soldiers.

Post-Vietnam adjustment

At follow-up, 10% of the men were divorced or separated, compared with only 3% before service. This represented 20% of those who had ever been married. Among men who had married for the first time after return, one-fifth of their marriages had terminated by time of interview.

Among men discharged, 15% had no job and were not in school, and an additional 8% had only part time work or school.

One-fifth of all men had been arrested since return, 17% for a non-traffic offense. Drunkenness was the most common reason for arrest (9%). Drug arrests had occurred for 4%.

One-twelfth (8%) had sought psychiatric care. Most of this had been from private doctors, with the average time of initiation more than two months after discharge.

Serious drinking problems since return were found in 8% and a serious depressive episode in 7%.

Drug Use After Vietnam (Chapter 9)

In the 8 to 10 months since Vietnam, 53% of soldiers had been drinking heavily and 45% had used marijuana. Use of other drugs had reverted to levels close to pre-service: narcotics, 10%; amphetamines, 19%; barbiturates, 12%.

Whereas narcotics were used more than amphetamines or barbiturates in Vietnam, both before and since Vietnam amphetamines were the most commonly used of these three drug classes, and narcotics the least.

Most of the use of narcotics since Vietnam was casual, as it was before Vietnam, but the proportion of regular users had increased. In addition, the type of narcotic most commonly used shifted from codeine to heroin, and the method of administration shifted from oral use to injection.

Most of the men who had been heavy users of narcotics in Vietnam had not used any since their return. The deterrents they cited most frequently were expense, fear of addiction, and fear of arrest. Men highly dependent on narcotics in Vietnam who said they had been detected as users at DEROS because they were too addicted to quit had the highest risk of use and readiction after return. But half of these men stopped narcotic use entirely on return, and only 14% became readicted.

Men living all over the United States reported narcotics available during 1971-72. Inaccessibility did not appear to have deterred use.

Efforts to show a beneficial effect of Army treatment either on chances of still using narcotics at DEROS or on continuation of use after Vietnam were negative. One should be cautious in interpreting these results, however, since it may be that the treated cases were more severe.

By multivariate analysis, the best predictors of narcotic use after Vietnam were: a) in service factors: injection of narcotics, dependence on narcotics both in Vietnam and before, the heavy use of barbiturates in Vietnam, prolonged use of narcotics, use of amphetamines, and low rank; b) before service: injection of narcotics, heavy or multiple hard drug use, heavy marijuana use, failure to graduate from high school, truancy, and being younger than average at discharge. The best predictors of heavy use if any narcotic was

used after Vietnam were: injecting drugs before Vietnam, having parents who had drinking problems or arrests, frequent drug use before Vietnam, and dependence on barbiturates before service.

The Association of Drug Use with Post-Vietnam Adjustment (Chapter 10)

Few Vietnam (12%) or post-Vietnam narcotics users (23%) thought drugs were causing them problems. However, narcotics users exceeded non-users in every post-Vietnam problem. Vietnam narcotics users who gave up drugs on return had more arrests than men who had not used narcotics in Vietnam, but otherwise they showed no long-term ill effects.

Men who continued narcotics use after Vietnam had high rates of all post-Vietnam problems except alcoholism. Men who shifted from narcotics in Vietnam to other drugs after Vietnam did not have significantly more problems than men who gave up drug use entirely, although heavy use of amphetamines was associated with drinking problems and probably with excess arrests.

Although amphetamines are reported to precipitate violent behavior, arrests of amphetamine users were no more often for violence than arrests of narcotic and barbiturate users.

Use of drugs after Vietnam was not quite as strongly associated with post-Vietnam problems as alcoholism was, but drug use of all kinds did contribute significantly, after controlling on other factors, and narcotics use had the strongest association of all illicit drugs.

Shifts in Drug Use over Time (Chapter 11)

Non-users were more likely to start all types of drugs in Vietnam than before or after service. And prevalence of all types of drug use was also higher in Vietnam than before or since. The use of narcotics was more affected by Vietnam than was the use of any other drug. It was the least commonly used of all drug types before and after Vietnam, but was second only to marijuana in Vietnam.

Comparing post- and pre-Vietnam periods, there has been a very small decrease in the number of hard drug users, but a moderate increase in the number of heavy users and of users of a mix of all three drug types: narcotics, amphetamines, and barbiturates.

The fact that drug use post-Vietnam was no more common than pre-Vietnam is due in part to a reversion to non-use after use in Vietnam, but also to a balance between users who began before Vietnam and stopped on leaving Vietnam and users who began in Vietnam and continued after leaving. This balance occurred for all three classes of drugs (Table 11.5). Reversion to non-use played a large role in explaining the lack of increase in narcotics use. (Twenty-seven percent used narcotics only in Vietnam.)

The transition to Vietnam was marked by a strong tendency to continue whatever drugs had been used before or to substitute narcotics for them. The transition from Vietnam back to the States was associated with a strong tendency to discontinue narcotics even by men familiar with them before Vietnam, and a mild tendency for narcotics users to revert to amphetamines if they had used them before service.

Men without any drug experience before Vietnam who were introduced to narcotics there almost never (93% did not) continued them afterward. However, two-thirds used some drug afterward. Men who were introduced only to marijuana in Vietnam almost never (86% did not) used even marijuana afterward.

Returnees' Opinions about Army and Veterans Administration Policies (Chapter 12)

Almost all Vietnam veterans favored the urine-testing program in operation when they were there, and about three-quarters favored two programs instituted since their departure: surprise urine sweeps and retention of men for drug treatment beyond the expiration of their service obligation.

They differed from existing policy in supporting honorable discharges for medical reasons for drug-using soldiers who performed poorly.

They supported sending men back to the States for drug treatment and reassignment following treatment rather than return to the same unit.

Vietnam veterans being treated for drug problems by the VA should be considered to have a "line-of-duty" disability according to these veterans.

Few new ideas for services from the Veterans Administration were suggested by these men.

CHAPTER 1

INTRODUCTION

During the summer and fall of 1971, drug use by United States servicemen in Vietnam had, by all estimates, reached epidemic proportions. Starting in June 1971, the military screened urines of servicemen for drugs just prior to scheduled departure from Vietnam. In September 1971, the Department of Defense estimated that 5% of all urines of Army servicemen tested indicated drug use in the period immediately preceding, despite common knowledge that testing would be done and would result, if positive, in a six or seven day delay in departure from Vietnam.

At this time, troop strength in Vietnam was being reduced rapidly, returning to the United States each month thousands of men, of whom about 40% were due for immediate release from service. The Armed Forces, the Veterans Administration, and civilian drug treatment facilities were concerned that the arrival of these men might tax existing drug treatment programs. There was also concern about how drug use might affect veterans' ability to get and hold jobs and their chances of becoming involved in criminal activities if they continued heroin use in the United States, where the price of heroin was many times its price in Vietnam. If the men designated as "drug positives" at DEROS (Date Eligible for Return from Overseas) were actually heroin addicts and if heroin addiction among these soldiers was as chronic and unresponsive to treatment as it had been found to be in the heroin addicts seen in the Public Health Hospitals of Lexington and Fort Worth (Hunt, O'Donnell, Vaillant), there was reason for concern.

To evaluate these concerns and to learn how many men would require treatment, the kinds of treatment and social services they might need, and how to identify which men needed services, the White House Special Action Office for Drug Abuse Prevention (SAODAP) arranged for and assisted in a follow-up study of Army enlisted men who returned from Vietnam to the United States in September 1971. This study promised not only to answer questions relevant to planning programs for these soldiers, but also to teach us something about the natural history of drug utilization and abuse when drugs were readily available to young men from all over the United States and from all kinds of social backgrounds.

The study was jointly funded by the Department of Defense, the National Institute of Mental Health, the Veterans Administration, and the Department of Labor, through Contract HSM-42-72-75. Partial support also came from Research Scientific Development Program Awards MH-36598 (Dr. Robins) and MH-47325 (Dr. Goodwin) and USPHS Grants MH-18864, MH-07081, AA-00209, and DA-00252.

Dr. David Nurco, consultant to SAODAP, served as the liaison between the study and the Government. The staff at Washington University included Lee N. Robins, Principal Investigator, Dr. Donald W. Goodwin, Darlene Davis, Joyce Brownlee, Deborah Vitt, Barry Katz, Joseph Mullaney, and Drs. Stephen Hermele and Jack Croughan. The interviewing and preliminary data processing were carried out by the National Opinion Research Center with particular assistance from Celia Homans, Bea Kantrov, Miriam Clarke, Pat Weller, Bill Ferrarini, and Jarvis Rich.

The urinalyses were carried out by the Addiction Research Foundation, Toronto, Canada, under the supervision of Dr. B. M. Kapur. That organization, under the supervision of Dr. Reginald Smart, also maintained the "link file" that guaranteed confidentiality of data.

Consultants included Mr. Mark Biegl, Dr. Gloria Francke, Mr. Fritz Kramer, and Dr. Louise Richards, representing the funding agencies, and Drs. John Ball, Gilbert Beebe, Carl Chambers, C. L. Chiang, John A. O'Donnell, Reginald Smart, and Mr. Arthur Moffett.

Army and veterans records were provided by the Personnel Information Systems Command, the Reserve Components Personnel and Administration Center, the General Services Administration, the Enlisted Personnel Support Center, the Surgeon General's office, and the Veterans Administration.

CHAPTER 2

STUDY DESIGN

Military programs to counter drug abuse among troops in Vietnam grew and changed over time. As a result men leaving Vietnam at different dates were exposed to different programs. Because experiencing different military programs might lead to different post-Vietnam adjustments and because comparisons of outcomes for men with different drug histories would be valid only if the two groups had had equal periods in which to get jobs, begin drug use, or whatever, we decided to study only a single month's departures and to interview the men selected within as circumscribed a time period as possible.

We chose a month of departures, September 1971, thought to represent the period at which use of heroin by soldiers was at its height. And among the military departing Vietnam during that month, we chose the group with the highest rate of positive urines: male Army enlisted personnel. We studied only those who returned to the United States, including all the continental United States plus Hawaii, Puerto Rico, and the Virgin Islands. The population we selected for study, Army enlisted men, not only had a high rate of positive urines at departure from Vietnam but also constituted the largest group of returnees to the United States. Thus we were studying the population that should contribute most to veteran candidates for drug treatment. A "general" sample of approximately 500 was to be drawn from this population.

Within the general population of Army enlisted men returning to the States in September from Vietnam, there was a subpopulation of men who had been detected as drug positive at the time they left Vietnam. From this subpopulation of drug positives we wanted to take a "drug positive" sample of approximately 500 persons. The "general" sample would provide estimates of drug use before, during, and after Vietnam for Army enlisted men who served in Vietnam during the height of the heroin epidemic. The "drug positive" sample would serve to enrich that part of the general sample who were heavy drug users in Vietnam, and thus more likely to be drug users in the United States before and after their return. Including the drug positives would provide sufficient cases of serious drug use in Vietnam to allow a careful study of its antecedents and its consequences.

Each man was interviewed and asked to contribute a urine specimen. The urine specimens were analyzed for morphine, codeine, methadone, quinine, amphetamines, and barbiturates. Army records were also analyzed to test the validity of the interview data and to provide additional information.

A full description on how the two samples were obtained and random selection assured appears in Appendix A of this report.

The population from which the general sample was drawn—Army enlisted men who left Vietnam in September 1971 to return to the United States—totaled approximately 13,760, according to Department of Defense statistics. Names of approximately 11,000 of these eligible men were made available to us by the military on a tape derived from the master tape of Enlisted Record Briefs for all men on active duty within 120 days of November 30, 1971. (The 2,760 estimated as missing were probably largely soldiers whose departure from Vietnam had originally been scheduled for a month other than September, and whose record on the tape had not been corrected when the date was changed.) From this tape we selected names which, after screening for eligibility, provided a simple random sample of 470.

From approximately 1,000 eligible names and/or service numbers provided by the Surgeon General as men who had been identified as "drug positive" at DEROS in September 1971, we selected individuals who, after screening for eligibility, provided a simple random sample of 495. The Surgeon General's list was also incomplete. Based on interview reports of having had positive urines at DEROS and on official forms in the hard copy of the military record showing some men as drug positive, we estimated that the Surgeon General's list omitted or identified incorrectly about 20% of the men actually detected as positive in September 1971. The omissions resulted from the fact that the drug-positive cases had to be hand tallied because they had not been filed according to date. There was an overlap between our selections for the "general" and "drug positive" samples of 22 men.

For each name chosen, the hard copy of the military record was sought to verify the departure date from Vietnam (and thus confirm eligibility for the sample) and to obtain the address of record and the names and addresses of next of kin. Difficulties in locating the military records prolonged sample selection into the interviewing period, greatly reducing the efficiency of travel schedules.

In an effort to detect possible biases in the sample of men available to us from the master tape of Enlisted Record Briefs, we compared data abstracted from the hard copies of the military records for drug-positive cases found on that tape and omitted from that tape. The results are presented in Table 2.1. Men omitted from the tape showed somewhat more disciplinary actions in Vietnam, with consequent lower rank at departure, more rapid discharge, and more discharges under other than honorable conditions. Perhaps these disciplinary actions led to a change in their return dates, and thus accounted for their absence from the tape.

We looked for differences because we were concerned that if exclusion from the master tape was biased rather than random, comparisons between the total drug-positive sample (including those omitted from the tape) and the general sample (all of whom came from the tape) might exaggerate differences. However, comparisons of results for the general sample versus results for the total drug-positive sample or versus drug positives on the tape showed the same degree of differences. Therefore, we have not omitted drug positives missing from the tape in further comparisons.

TABLE 2.1

**HOW MILITARY RECORDS OF DRUG POSITIVES ON THE SEPTEMBER
DEPARTURE TAPE OF ARMY ENLISTED MEN DIFFERED FROM
RECORDS OF THOSE NOT ON THE TAPE**

(If Hard Copy of the Military Record was Obtained: N = 490)

	Drug Positive Sample	
	On Tape (399) %	Not on Tape (91) %
Record Entry		
Regular Army	65	74
Three or more disciplinary actions in Vietnam	17	28
Rank of private:		
At entry into Vietnam*	37	37
At DEROS	25	40
Type of discharge (of those discharged):	(336)	(84)
Honorable	69	58
Without honor	18	25
Others	12	17
Released from service immediately on return (< 1 month)	37	51

*Difference not statistically significant.
All other differences are significant.

CHAPTER 3

OBTAINING INTERVIEWS, URINES, AND RECORDS

Once a man was determined to be eligible for the study, his name, his address of record, and the names and addresses of next of kin were forwarded to the National Opinion Research Center (NORC) for location, interview, and collection of a urine sample.

NORC mailed him a letter, signed by a representative of the Veterans Administration, telling him that he would be contacted by an interviewer and requesting his cooperation with a study of the problems of the veteran returning from Vietnam and new services needed. Included with that letter was a note inviting him to call collect for an appointment. If he did not call in a reasonable time, he was called. If the letter was returned as undeliverable, an attempt was made to contact a relative to locate his whereabouts. If this was not possible, the interviewer inquired of neighbors, mailmen, and State employment agencies where he might be receiving unemployment compensation, and the Veterans Administration checked their claims files for a possible change in address.

Procedures were slightly different for men still on active duty. Their location was confirmed by the post locators, and they were then contacted by letter, phone, or in person to request an interview. When the man was in detention or treatment, permission had to be obtained from the officer in whose charge he was as well.

Using these various techniques, 98% of the men were located. For civilians, only about half were found at the same address listed in their service record. Of those not found at that address, relatives supplied the addresses for two-thirds (Table 3.1). The post office supplied forwarding addresses for 15%; telephone books contained a new address for 8%.

Nine hundred interviews were completed, of which two were lost, leaving a total of 898 available for analysis.

TABLE 3.1

LOCATING CIVILIAN SUBJECTS

Source	(N = 784)
Still at home address in Army records	49%
Of those located by means other than Army records	(N = 239)
Relatives	66%
Post office or mailman	15
Telephone book or information	8
Neighbor	4
Local merchant	2
Ex-wife	2
Landlord	1
Army clerk	1
Other (employer, USES, friend)	1
	100%

Those not completed consisted of 6 who had died, 3 who refused, 15 who could not be located and for whom no leads remained, and 19 whose names were included too late for completion of efforts to locate or to arrange for an interview if located.

To complete these interviews, interviewers traveled to every State except Alaska as well as to Puerto Rico and the Virgin Islands. Almost all of the men approached for an interview (Table 3.2) accepted readily and impressed the interviewers as willing to answer all questions as openly and fully as they could. About 3.5% of those interviewed had stalled or refused when first approached, and about 5% impressed the interviewer as hostile, suspicious, or uncommunicative during the interview. In all, 845 men of the 898 interviewed were thoroughly cooperative.

When interviewers asked for a urine specimen at the end of the interview, only 1% of the men interviewed refused to provide one. Two men were unable to urinate, one was not asked for a specimen because he was critically ill, and the warden of the jail where one man was incarcerated confiscated one specimen. Of the 887 mailed, presumably containing urine, 1 was found to contain a detergent solution instead, 6 were empty and 9 contained quantities insufficient to complete tests. However, 871 specimens from 97% of those interviewed were tested for drugs as planned.

We used military record information to compare men with whom interviews were achieved and those with whom interviews were not completed (excluding the 6 deaths) (Table 3.3). In no category based on race, drug use, disciplinary history, rank, or type of discharge were less than 90% interviewed. However, there was more difficulty in interviewing men without honorable discharges and men very recently released from service. The difficulty with the latter category came from their being the last cases admitted into the sample, since we had to wait for their records to be sent from their last post to the Military Personnel Record Center. They were interviewed less frequently only because we did not have long to try to locate them. A slightly lower rate of blacks than whites was interviewed, although differences were below

TABLE 3.2

COOPERATION OF SUBJECTS WITH INTERVIEWS (N = 943)

Interviews completed		95.5%
No interview		4%
Dead	0.6	
Refused	0.3	
Unlocated, leads exhausted	1.6	
In process at termination	2.0	
		100.0%
Cooperativeness of those interviewed (898)		
Acceptance of interview:		
Readily agreed		95.8%
Refused initially		1.4
Stalled initially		2.1
Delay awaiting Army approval		.7
		100.0%
Apparent cooperation during interview (893)		
(Interviewers' assessment)		
Cooperative		94.7%
Suspicious		3.8
Hostile		.6
Uncommunicative		.9
		100.0%

TABLE 3.3

CHARACTERISTICS ASSOCIATED WITH PROPORTION INTERVIEWED

(Based on 927 military records obtained for surviving sample members†)

	Proportion Interviewed
Blacks (216)	94%
All others (711)	97
Record of drug offense in Vietnam (100)	93
No record of drug offense (827)	96
Ever AWOL (253)	94
Never AWOL (674)	97
<u>Last Known Rank</u>	
Pvt or Pfc (279)	94
Sp4 or Cpl (370)	97
Higher (252)	98
<u>Type of Discharge*</u>	
None: Active Duty (123)	100
Honorable (620)	97
General (65)	92
Without honor, dishonorable or DFR‡ (96)	91
<u>How Long in Service after Return*</u>	
Released within a month of return (454)	97
1 month - 6 months (242)	97
7 months or more, but now out (88)	90
<u>Type of Discharge and Race</u>	
<u>Honorable*</u>	
Blacks (125)	94
Whites (491)	98
<u>General or without honor</u>	
Blacks (53)	92
Whites (101)	90

* $p < .05$. All other comparisons not statistically significant.

†Totals vary because of missing information in some records.

‡DFR = dropped from rolls (deserters).

statistical significance. To learn whether this was due entirely to more blacks receiving discharges without honor, we held type of discharge constant and examined the effect of race. Only for whites was type of discharge significantly associated with chances for interview. As a result there was a significant difference in rates interviewed by race for men with an honorable discharge, but not for those with a bad discharge.

We next considered whether the fewer blacks interviewed resulted from difficulties in locating and persuading black subjects to talk or whether it lay in the interviewers to whom black subjects were assigned.

As can be seen in Table 3.4, there were 6 black interviewers, 21 English-speaking whites, and one Spanish-speaking. (The proportion of blacks among interviewers was about the same as the proportion in the samples to be interviewed, 21% vs. 23%.) Black interviewers were given black subjects to interview in most cases. The proportion of blacks among the subjects assigned to black interviewers was 81% and the proportion assigned to white interviewers was only 19% (Table 3.5). When the interviewer and subject were of the same race, equally high proportions of blacks and whites were interviewed. Although there was a slightly lower interview rate for blacks assigned to white interviewers, differences were not significant. Indeed it should be noted that white interviewers achieved a 93% completed interview rate with black subjects.

The effect of concordance between interviewer and subject for age and sex was also investigated. It will be noted that older interviewers achieved as high a rate of interviews as did younger interviewers. This shows that it was probably not a lack of concordance for age that accounted for failure to interview as many lower ranking as higher ranking men. Nor was there any evidence that lack of concordance in sex was important. Women were as successful as men in obtaining interviews with veterans.

To maximize the rate of completed interviews, we set no limit on how many visits should be made to contact a subject. However, most interviews were achieved on the first visit (mean visits per completed interview = 1.8). Black subjects were less likely to be interviewed on the first visit, particularly when the interviewer was black. When the interview was not completed on the first visit, the interviewer kept returning (with intervening telephone calls to set up appointments) until the interview was completed. The largest number of call-backs eventuating in an interview was 11.

Our assumption that men with more deviant outcomes would be more difficult to locate and interview proved to be correct (Table 3.6). Men detected as drug users in Vietnam were less often interviewed on the first try than those not detected, and among those with a positive drug history, those discharged from service, single or divorced, using drugs since Vietnam, and especially those arrested were difficult to locate for interviews. If we had settled for interviews obtainable on the first visit, we would have estimated the proportion of the drug positive sample still in service as 27% instead of 17%, married as 35% when it was actually closer to 30%, and the number arrested for theft as only 1.9% when it was actually closer to 4.3%. Since deviance and marital status were both related to low rank, this seems a partial explanation for difficulties in interviewing lower ranking men. Another must certainly be that younger men are more mobile.

TABLE 3.4

THE 28 INTERVIEWERS

	N	%
Male	(18)	64
Female	(10)	36
Under 30	(14)	50
30 or older	(14)	50
White	(21)	75
Black	(6)	21
Spanish	(1)	4
College graduate	(19)	68
Some college	(7)	25
High school graduate	(2)	7

TABLE 3.5

**IS CONCORDANCE OF DEMOGRAPHIC CHARACTERISTICS BETWEEN
INTERVIEWERS AND SUBJECTS ASSOCIATED WITH COMPLETION OF INTERVIEWS?**

	Number of Assigned Living Subjects	Proportion Interviewed of Surviving Subjects	Number of Interviewed Subjects	Proportion Interviewed on First Visit of Those Eventually Interviewed
Concordance of Interviewers and Subjects				
Concordant : Both young	543	95%	517	63%
Discordant : Interviewer 30+	393	97	383	63
Concordant : Both male	638	96	610	61
Discordant : Interviewer female	298	97	290	67
Concordant† : Both white	640	97	618	68*
Both black	67	97	65	40
Discordant† : Interviewer white, subject black	154	93	143	60
Interviewer black, subject white or Spanish	16	100	16	50

* $p < .001$

†Omits subjects of Spanish interviewer and Spanish subjects of white interviewers.

Military records obtained. For most men released from service, hard copies of their military records were available at the Military Personnel Record Center. For men still in service, copies of relevant forms were obtained from their personnel officers by the Office of the Assistant Secretary of Defense for Health and Environment and forwarded to the principal investigator. Some records were difficult to locate because they were in transit between the last duty post and the Military Personnel Record Center or were being kept in special locations because the man was of interest to Court-Martial Boards, to the Army Deserter Division, or to the Veterans Administration. A few records appeared on the computer printout as belonging in the files of the Military Personnel Record Center, but were missing from the shelf. In order to locate those records in transit, temporarily signed out, or misplaced, the MPRC monthly ran the names and service numbers of men whose records had not yet been located through their computer, rechecked shelves for returned cases, and checked incoming shelves for cases that might not yet have been entered onto the computer.

Through these repeated efforts of the Army, at least partial copies of the military record was eventually located for all but 10 men. For more than 90% of the records obtained, the entrance physical, the personal history before service, and the running record of assignments were present (Table 3.7). For men known to have been released from service, 98% contained the discharge form. Other forms appeared with less consistency. Records of all men in the drug-positive sample, for instance, should in theory have contained a Form 3647 showing their identification as drug positive. But this form was found in only 33% of their records. Records of those who reported treatment for drugs in service contained such a notation in only 56%. Among Regular Army members, the enlistment contract was found for only 75%. The

TABLE 3.6

WHICH VIETNAM VETERANS REQUIRED MANY VISITS TO ACHIEVE AN INTERVIEW?

Total interviewed:		96% of 937 survivors		
Most visits required to achieve an interview:		Eleven		
	Of Those Eventually Interviewed			
	Cumulative % Interviewed			Number Eventually Interviewed (100%)
	After First Visit	After Second Visit	After Fourth Visit	
Veterans not identified as drug positive	73	88	97	414
Veterans drug positive at DEROS	55	75	91	484
Among drug positive veterans:				
Still in service	89	93	96	80
Civilians	48	72	91	404
Claim never used narcotics	65	76	94	17
Claim use in Vietnam, not since	56	77	92	306
Admit use since Vietnam	52	71	89	161
Report seeking care since Vietnam	52	68	86	50
Married	63	77	91	146
Single or divorced	51	75	92	338
Arrests since return for:				
drugs	52	67	86	42
alcohol	48	70	89	61
assault	26	65	91	23
theft	24	43	81	21

TABLE 3.7

WHAT THE MILITARY RECORDS CONTAINED

	% of the Records Containing this Item (N = 933)
Running record of assignments: Form 20	96%
Discharge form: Form 214	98% (of those released from active duty)
Enlistment contract: DA 4	75% (of Regular Army)
Personal history before service: Form 398	92%
Arrest history before service: Form 3286	56%
Entrance physical exam: Form 88	93%
Medical records: Form 600	62%
Disciplinary records: Form 2627	49%

completeness of other portions of the record cannot be judged, since disciplinary records were not supposed to be included for non-judicial punishments, and a record of pre-service arrests might be absent because the man had not revealed them at induction.

Because one of the topics of interest was the degree to which men required services from the VA, the Veterans Administration Office of Controller, Reports and Statistics Service undertook to check the names of all men in our samples through the VA files to learn whether they had requested services and the type of service requested. For those with hospital records, diagnosis was obtained. A Veterans Administration record of some type was found for 22% (21% claims approved, 1% pending or disallowed), and a record of drug-related hospitalization was found for 1.2%.

In summary then, interviews were available for analysis for 95% of the selected sample (for 96% of the survivors), urines for 88%, military records for 99%, and records of application for service from the VA for 22%. Losses of interviews through refusals or failure to locate were not only small for the total sample, but no subgroup identifiable from military records was badly underrepresented.

CHAPTER 4

VALIDITY OF INTERVIEWS

The interviews with the returnees asked about drug use witnessed in Vietnam and their opinions about how the Army should cope with drug use and what services the Veterans Administration should give veterans. In addition to these topics, about which it might be anticipated that they would answer freely, the interview also covered their personal history of drug and alcohol use, motivations for using drugs and complications of drug use, family problems, school difficulties, job history, arrests, depressive symptoms, psychiatric treatment in and out of service, and disciplinary actions in service. These are topics which might be embarrassing and result in concealment of information viewed as discreditable.

To learn whether the men told the truth, there are a number of checks available. For performance in and before service, we can compare what they told the interviewer with what their military records show. For treatment for drug abuse by the VA, we can compare what men said with their VA hospital records. For current drug use, we can compare men's predictions of what urinalyses of the specimens obtained at interview would show with what they actually showed.

The difficulty is that we cannot assume that every difference between a man's statement and the record or urinalysis is an indication of inaccuracy in the interview. The section of the military record dealing with pre-service history is, after all, only another interview with the same man, conducted by a member of the Army instead of by a member of the NORC staff. Like our interview, it is subject to dissembling, forgetting, and misunderstanding by the veteran. The interviewers may also have contributed to errors by misrecording answers.

Discrepancies between a statement in interview about what will be found in the urine and what is actually found may also stem from sources other than lying or interviewer error. Men who buy drugs on the street do not always know what they are getting. Also they may not know what drugs can be detected by urinalysis or misjudge how soon a drug they took previously will disappear from their urines. Finally, the test itself has limitations with respect to sensitivity.

While correspondence between interview and record or urinalysis should not be treated as an absolute measure of validity, it does throw some light on the apparent validity of the interview, and provides an impression of the veterans' openness.

Table 4.1 shows great variation among topics in the degree of concordance between the military record and the interview. The highest agreement is for use of heroin in Vietnam—97% of those whose record showed this behavior admitted it in interview. Very high rates of agreement were also obtained with respect to having completed college or high school, the use of sedatives in Vietnam, and being treated for drug use. Low rates of agreement were found with respect to employment at time of induction, arrests for drunkenness before service, narcotics use before service, and the experience of disciplinary action before Vietnam. There is no obvious explanation for why some of these items should be answered more openly than others. Items with low concordance do not seem intrinsically more "shameful" than those admitted. Forgetting may help to explain why pre-service events are less well reported than events in Vietnam, since they were obtained for the military record about two and a half years before they were inquired about in interview. It is also likely that low agreement often reflects different definitions for these items in record and interview, since topics with low validity were often the same topics for which records tended to be incomplete. For example, only 53% of the men whose records showed narcotic use prior to service reported it in interview, but a mere 7% of those who in interview reported narcotic use before service had such a notation in their records.

Validity of the interview as measured by reporting drug treatment by the VA is not as high as reporting drug treatment in service (70% vs. 90%) (Table 4.2). The small numbers treated by the VA may account for this higher rate of error.

TABLE 4.1

CONCORDANCE BETWEEN MILITARY RECORDS AND INTERVIEWS AS INDICATORS OF VALIDITY OF INTERVIEWS

(Based on 889 men with both records and interview)

	Validity of Interview		Completeness of Records	
	% of Positive Records Confirmed in Interview		% of Positive Interview Statements Confirmed in Records	
	N	%	N	%
History Prior to Entering Service				
Graduated college	(21)	95	(20)	100
High school graduate, no college or less than 4 years	(466)	96	(519)	86
Employed at induction	(555)	62	(449)	76
Arrested	(109)	75	(298)	28
For drunkenness	(44)	59	(134)	19
Used a narcotic or addicted	(19)	53	(140)	7
In Service				
Any disciplinary action before Vietnam	(258)	43	(142)	78
Any disciplinary action in Vietnam	(317)	72	(299)	76
Any disciplinary action after Vietnam	(139)	62	(108)	80
Drug Use in Vietnam				
Detected as drug positive at DEROS	(164)	86	(392)	36
Treated for drugs	(282)	90	(455)	56
Disciplined for drugs	(93)	73	(179)	38*
Withdrawal-like symptoms	(177)	88	(451)	34
Withdrawal diagnosed	(113)	88	(451)	22
Used heroin	(266)	97	(580)	44
By injection	(33)	88	(206)	14
Used opium	(5)	80	(428)	1
Used barbiturates	(13)	92	(448)	3
Used amphetamines	(9)	78	(372)	2

*According to the Department of Defense, only the more serious offenses are entered in the permanent personnel record. This may help to explain the low rate.

The lowest validity rates encountered were with predictions as to whether the urine samples taken at interview would be positive and which drugs they would show. Only 16% of those with a positive urine had expected that it would be positive, and only 42% of those who expected a positive urine actually had one. While the concordance is well above chance ($p < .001$ for narcotics and amphetamines, $p < .02$ for barbiturates), it is much lower than any other measure of validity. It is not possible to decide to what

TABLE 4.2

**VALIDITY OF THE INTERVIEW AS MEASURED BY VETERANS ADMINISTRATION
RECORDS AND URINALYSIS†**

	Validity				Completeness			
	Reported in Interview by Those With Records		Reported by Those Without Records		Reported in Record of Those Who Say It		Reported in Record of Those Who Do Not Say It	
VA treatment for drugs	(10)	70%	(888)	1%	(18)	39%	(880)	*
	Predicted Positive in Interview, by Those Actually Positive		Predicted by Those Not Positive		Found in Urine by Those Who Predicted It		Found in Urine by Those Who Did Not Predict It	
Urine positive	(128)	16%	(700)	4%	(48)	42%	(780)	14%
Narcotics	(18)	22	(855)	2	(22)	18	(851)	2
Amphetamines	(71)	7	(781)	1	(16)	31	(836)	8
Barbiturates	(33)	6	(819)	1	(11)	18	(841)	4

* < 0.5%

†Urines were tested for narcotics first. When quantities of urine were small, tests for amphetamines and barbiturates sometimes had to be omitted. Therefore numbers tested vary slightly for different drugs.

degree factors such as concealment, misinformation about what urinalyses can show, men's ignorance about what they had actually taken, or technical errors in the urinalysis contributed to the invalidity. We did try to test whether the men might have misjudged when their last dose of narcotics would have cleared, by looking to see whether the men whose urines were reported positive for morphine might be accounted for by men who said they were still using narcotics, even if they denied expecting this particular urine specimen to be positive. Since only one man with an unexpectedly positive urine by urinalysis had said he was a current user, this was not an important explanation.

Interestingly, the overall rates of urines positive for narcotics correspond reasonably well with subjects' statements. Three percent said they expected their urines would be positive for a narcotic, and 2% actually were. Correspondence in overall rates is less good for other drugs. One percent thought they would be positive for barbiturates, and 4% were; 2% expected to be positive for amphetamines, and 8% were. The failure to anticipate urines positive for barbiturates and amphetamines may well be due to the fact the men were *not* told which drugs could be detected in a urinalysis. We might have greatly improved the validity of our urine test question if we had presented them with a list of the drugs that would in fact be tested for and asked them which of the drugs on that list they thought their urine sample contained.

Especially with respect to the urinalysis, where invalidity probably reflected poor question design as much as willful concealment, the message of this section seems to be that concordance depends not so much on how discreditable the subject perceives an item of behavior to be as it does on shared definitions between interview and the external measure, recency of the event recalled, and the accuracy of the records being used as the yardstick. Since some of the most apparently discreditable events were answered with great accuracy, we will have to assume that the interview is accurate when the men understood our questions the way we expected them to.

We learned that sometimes communication was far from perfect. For instance, we noted that 19% of the men whom the Surgeon General had said were drug positive at DEROS denied this at interview. We

selected all their interviews to read in detail to learn whether they were in fact dissembling. We found that most were telling the truth by their own lights. Seven percent had assumed their urines would be found positive and had turned themselves in as drug positives before they were routinely checked. Thus they never had a positive urine in the DEROS screen, but were detoxified prior to departure. One or two were caught trying to cheat by substituting another man's urine for their own, and so were taken out of the line and sent for treatment. They also never had a positive urine in the DEROS screen, strictly interpreted. Another group interpreted the interview as asking the question about the *final* DEROS screen, after they had been caught as positive once and then detoxified. To board the plane, men caught as positive had to have two negative urine tests. Thus in one sense, *every* man had a negative test at departure. Thus with respect to this question, we could account for half of the apparently invalid responses by reading the verbatim answers. For questions explored in less detail, it was not possible to assess how much of the failure to achieve complete concordance with records was due to intentional dissembling, forgetting, or misunderstanding the purport of the question.

It is the responsibility of the interviewer to be sure the subject does understand the question the way it was intended. Thus it was possible that some interviewers might have been less skillful than others in obtaining accurate answers. To test this possibility, we chose the question about disciplinary action in service, because it was the only question which had sufficient numbers of cases positive by record but not by interview to make it possible to discern differences among interviewers. Grouping interviewers by demographic characteristics appeared at first to show that interviewers who were white, male, and young may have obtained the more accurate answers to this question (Table 4.3), although differences were not statistically significant. Even the trend found turned out to be misleading. When we analyzed results by individual interviewers, we found that this apparent association with demographic characteristics was due to the fact that the only black female over 30 who had interviewed a substantial number of men with disciplinary records had a bad batting average (only 47% validity) (Table 4.4). White females over 30, white males over 30, and black males over 30 did almost as well on the average as young white males. Each group averaged between 72 and 76% validity. (No females under 30 had sufficient cases to count.)

Despite the findings of failures to communicate completely on the part of some interviewers, the rather prolonged pretesting of the interview does seem to have resulted in a set of questions with high validity for the most central portion of the study—the use of drugs. With this assurance, we can turn to the study itself.

TABLE 4.3

IS CONCORDANCE OF DEMOGRAPHIC CHARACTERISTICS BETWEEN
INTERVIEWERS AND SUBJECTS ASSOCIATED WITH VALIDITY?

	Number of Interviewed Subjects with Record of Disciplinary Action	Proportion Reporting Disciplinary Action of Those Whose Record Shows Any
Concordant: Both young	187	74%
Discordant: Interviewer 30+	135	68
Concordant: Both male	231	74
Discordant: Interviewer female	91	67
Concordant: Both white	196	75
Both black	42	57
Discordant: Interviewer white, subject black	60	73

TABLE 4.4

INTERVIEWER DIFFERENCES IN VALIDITY

(Of those interviewing at least 10 men who had discipline records)

Race, Sex and Age of Interviewer	N with Records of Disciplinary Actions	Proportion of Subjects Admitting Record
WM < 30	17	88%
WM < 30	13	85
WM < 30	25	84
WF 30+	16	81
WF 30+	21	81
WM < 30	10	80
WF 30+	14	79
WM 30+	21	76
BM 30+	15	73
WM < 30	22	73
WM < 30	18	72
WM < 30	35	69
WM < 30	12	67
WF 30+	14	50
BF 30+	17	47
WM < 30	10	40

CHAPTER 5

PORTRAIT OF THE VIETNAM SOLDIER

The purpose of this chapter is to describe the lives of the men who left Vietnam in September 1971, both before their arrival in Vietnam and during their Vietnam tour. This will set the stage for describing their use of drugs while in Vietnam in the following chapter.

History Before Vietnam

a. Background

The typical soldier at arrival in Vietnam was a 20-year-old white high school graduate who had been employed just prior to entering service (Table 5.1). He had been reared by both parents, neither of whom drank excessively, used drugs, or had been arrested. The soldier himself had never been arrested or married. He had been in service for less than a year, and was still a private (either a private or a private first class). He had seen no prior service abroad, and had never had a disciplinary problem serious enough to be entered on his record.

The Vietnam soldier was about equally likely to be a draftee or in the Regular Army, and in either case was typically serving his first term.

b. Drug and alcohol history

Before he entered service at age 19, he had already had considerable experience with alcohol. All but 20% had been drunk at least once in the year before induction; a third had been drunk weekly that year. Four percent had done enough drinking and had enough problems with drinking before entering service to suggest that they might be incipient alcoholics. That is, they had had at least three of the following signs as well as heavy drinking: morning drinking, binges, accidents while drinking, arrests due to drinking, trouble at school or on the job because of drinking, and personal concern about excessive drinking. More than one-quarter had had at least one of these alcohol symptoms before entering service.

Alcohol was abundant in their social environment. Drugs were not. A minority had marijuana-smoking friends; almost none knew any heroin users, much less associated with any before service.

About half the men (47%) had themselves at least tried some drug before they arrived in Vietnam. For 17% the only drug ever tried was marijuana or its derivatives.¹ Nineteen percent had tried an amphetamine or barbiturate, but no narcotic. Eleven percent had tried a narcotic, but only 2% had ever tried heroin. Narcotic experience before Vietnam was largely limited to oral codeine, taken plain or in cough syrups. Most of this drug use was experimental. Before entering service only 13% had used any drug more than a few times, and for those few, the drug used frequently was almost always marijuana (9%). Less than one percent had used a narcotic frequently.

There was an association between heavy drinking and drug use among these men. Among men who drank heavily in the year before service, about 45% had tried at least one of four drug types: marijuana, narcotics, amphetamines, and barbiturates. Among men who did not drink heavily before service, only 30% had used a drug. If a man both drank heavily and used drugs, the drinking usually began before the drug use.

¹See Lexicon for definitions of drugs included in each drug class and criteria for frequent use of each drug.

TABLE 5.1

CHARACTERISTICS OF VIETNAM SOLDIERS AT ARRIVAL

(General Sample, N = 470)

Age*	
24 or older	15%
22-23	17
21	18
20	34
19 or younger	16
Race	
White	80
Black	13
Spanish	5
Oriental	1
Other	1
Education*	
No high school	5
Some high school	28
High school graduate	43
High school equivalency test	13
Some college	13
College degrees: A.A.	1
B.A. or B.S.	5
Full-time job at induction	
Yes	68
Previous only	22
Never	10
Intact home	71
Broken home	29
Either parent had:	
Drinking problem	21
Drug problem	1
Arrest	13
None	75
No civilian arrest	69
Arrested	31
Marital status	
Single	68
Married	29
Divorced, separated, widowed	3
Rank*	
Pvt or Pfc	56
Sp4 or Cpl	28
Higher	16
Prior foreign assignment*	28
None	72
Prior disciplinary action*	23
None	77

TABLE 5.1 (Continued)
CHARACTERISTICS OF VIETNAM SOLDIERS AT ARRIVAL
 (General Sample, N = 470)

Status code*	
Draftee	46%
Regular Army	54
Drinking history year before service	
None	1
Ever drunk	80
Drunk every week	33
Friends used marijuana	29
Did not	71
Knew heroin users, but did not associate with them	6
Associated with them	3
Knew none	91
Drugs before Vietnam	
Any narcotic	11
Codeine	6
Cough syrup	5
Opium	3
Heroin	2
Morphine	1
Demerol	1
Amphetamine or barbiturate, no narcotic	19
Marijuana only	17
Total drugs before Vietnam	47

* Information obtained from military record.

Men who came into service with significant drug experience (heavy marijuana use or any use of narcotics, amphetamines, or barbiturates) differed from those who entered as more drug naive. The drug-experienced man more often came from a city with a population over a million (45% vs. 28% of the naives), particularly from a large city on the West Coast (19% vs. 5% of the naives). The few heavy users of amphetamines, barbiturates, or narcotics were particularly likely to come from these locations (55% from a large city and 27% from a large city on the West Coast). Drug users before service had more often been arrested (43% vs. 30%) and were somewhat more often black (18% vs. 11%). Heavy users were especially likely to have been arrested (64% were), but blacks were no more common among heavy than among light users. Drug users more often came from a family in which one or both parents had been arrested or drank excessively.

Age at induction, education, and being a draftee or Regular Army soldier were all unrelated to pre-service drug use.

To learn which of these correlates were most important, all were submitted to a two-step multivariate analysis (Sonquist, 1970). First, all possible correlates were entered into the AID program, a multivariate technique which selects the strongest correlate of the dependent variable (in this case, pre-service drug use consisting of more than occasional marijuana use), divides the sample into those with and without that correlated variable, and subdivides the resulting groups on the basis of the strongest correlates with the dependent variable, continuing this process for resulting subgroups until the subgroups contain little variance (i.e., are relatively pure with respect to the presence or absence of the dependent variable) or until no further division can add substantially to reducing the variance in the subgroups.

The variables selected as the strongest correlates by AID, plus any variables that were almost as strong, were entered into the MCA program, a program providing analysis similar to multiple regression, but which accepts categorical data and requires no assumptions about linearity or normal distribution. This statistical program tells us how much of the variance is accounted for by the variables entered, allows ranking them by their contribution to that explained variance, and gives the change from the average proportion showing the dependent variable attributable to each category of the independent variables.

To provide large groups for analysis, the two samples were combined, with the drug positives weighted to represent their proportion in the general sample.

Results showed (Table 5.2) the important variables associated with drug use before entering service to be arrests, unemployment, race, early drunkenness, truancy, city size, year of birth, and parents' problems. The highest rates of drug use were found among heavily delinquent young men; the lowest among those beyond adolescence during the period of a marked increase in drug use among the young—1968 and 1969.

While each of these variables contributed to the probability of drug use, their combined explanatory contribution was not very high (10%, multiple $R = .32$). Deviance of the child and his parents, city size, race and age taken together are only weakly associated with drug use in adolescence. This finding is consistent with our earlier finding in a black city population that drug use is much less clearly associated with childhood characteristics such as school problems, delinquency, broken homes, and low socioeconomic status than are many other indices of deviance (Robbins and Murphy, 1967). A national follow-up study in 1970 of the drug use of young men selected as tenth graders in 1966 also shows the low explanatory power of background variables (Johnston, 1973, Table C-1). That study shows drug use reaching into a heterogeneous population, including the "best" as well as the "worst" young people. Drug use is associated with deviance, but it is also associated with good intelligence and high social status.

The variables found to be associated with drug use in the national follow-up study are very similar to the correlates of pre-service drug use that we have found in this study of veterans. The levels of drug use of the national sample were also very similar to the levels reported by these young men regarding their experience before entering service. This similarity of results suggests that young men entering the Army in 1968 and 1969 were in no way distinctive in their pre-service drug habits. Apparently their behavior was much like that of the country as a whole.

Career Soldiers, Enlistees, and Draftees

Although most of the Vietnam soldiers were draftees or serving a first enlistment, there was a minority who had been in service for more than two years at the time they arrived in Vietnam. These were mostly career soldiers on their second or later enlistments. (Since men were not ordinarily sent to Vietnam with less than a year to go before their Expiration of Term of Service [ETS], men in their first three-year enlistment who had already served two years would not have been eligible for Vietnam duty.) These career men were very different from the soldiers we have described. Almost all had had previous foreign service and more than half (55%) had had a previous tour in Vietnam. As a result of their long period of service, almost all (84%) were in pay grades of E5 or higher (i.e., sergeants or equivalent) (Table 5.3).

Not only did the long-term Regular Army have high ranks, they came from different socioeconomic backgrounds. A larger proportion were black and Spanish-speaking (35% vs. 18% of men with short enlistments); they were older—almost all (92%) were 22 or older in 1970 (the year when most of these men arrived in Vietnam), as compared with only 23% of the men with short enlistments; and fewer had grown up in large cities. Having entered service several years before their Vietnam tour, even fewer had had any pre-service experience with marijuana or narcotics users, and fewer reported having felt sympathy toward drug users before entering service. They drank less heavily before service and had had much less personal involvement with drugs before service. Only 10% had used any illicit drug, and only 4% had used anything other than marijuana.

In some respects, the draftees were much like the Regular Army men in their first enlistment: about one-third of each group came from the 31 largest cities and 10% had known a narcotics user before entering service. But there were also differences that may have been important in their behavior in and after

TABLE 5.2

CORRELATES OF SIGNIFICANT* DRUG USE BEFORE SERVICE

(MCA analysis, combined samples with drug positives weighted to their proportion in the General Sample)

Overall proportion using drugs: 26%	
Variance explained: 10%	(Multiple R = .32)
Correlates of drug use in order of their contribution to the multiple correlation	Change in overall proportion attributable to this category
Arrests: 3+	+21%
1-2	-2
None	-2
Unemployed at induction.	+5
Employed	-6
Black: Yes	+15
No	-2
Drunk before 15: Yes	+7
No	-4
Truant: Yes	+14
No or last year	-2
City size: Large central city	+7
Suburb	-1
Small place	-2
Age: < 22 in 1968	+1
22+ in 1968	-8
Parents problems: alcohol, arrest, drugs: Yes	+6
No	-2

*Any use of narcotics, amphetamines, or barbiturates or heavy use of marijuana.

Vietnam: the draftees had more education—only 18% had failed to finish high school, compared with 39% of the first-term enlisted men (in this respect enlisted men in their first term resembled the career men); and a higher proportion were white (86% vs. 80%). Although both groups were young, the draftees included very few men under 20 at arrival in Vietnam (6% vs. 29% of the men in their first enlistment). While some men join the Regular Army because they know they are about to be drafted, these very young enlistees must have joined the Army before they were old enough to be draft eligible. More of the draftees were still privates or pfc's when they came to Vietnam, 74% compared with 50% of the first enlistment men. This reflects their shorter service—draftees had served less than a year at arrival, since they had a total obligation

TABLE 5.3

**DIFFERENCES BETWEEN PRE-SERVICE BACKGROUNDS OF DRAFTEES,
FIRST-TERM ENLISTEES, AND CAREER SOLDIERS**

	Draftees (195)	First-Term Enlistees (195)	Career Soldiers (51)
Before Vietnam			
Education*			
College graduation	8%	3%	0%
High school graduation	74	58	59
No graduation	18	39	41
Large city origin†			
Yes	34	35	20
No	66	65	80
Race‡			
White	86	80	63
Black	10	12	23
Spanish	3	6	12
Other	1	2	2
Knew marijuana users before service†	20	27	2
Thought marijuana use okay before service†	32	42	12
Knew a narcotic user before service	10	10	4
Drank heavily before service	42	48	27
Used: no drugs‡	64	56	90
marijuana only	15	12	6
narcotics	8	11	2
amphetamines‡	19	24	2
barbiturates	8	14	2
Rank when left for Vietnam‡			
Pfc or Pvt	74	50	6
Sp4 or Cpl	21	41	10
Sq5 or higher	5	9	84
Age in 1970‡			
< 20	6	29	0
20	47	30	8
21	24	18	0
> 21	23	23	92
Stayed in service‡			
Until interview	0	17	84

*Significant difference between draftees and first-term enlistees.

†Significant difference between career soldiers and others.

‡Significant difference between draftees and first-term enlistees, and career soldiers significantly different from others.

of only two years. Enlistees, with a total obligation of three years, had been in service up to two years before going to Vietnam.

There was not much difference in alcohol or drug experience, although draftees were slightly less likely to have drunk heavily, to have used each drug, their friends were less likely to have been marijuana users, and they were slightly less sympathetic toward marijuana use at the time they entered service.

Both draftees and first-term enlisted men were most likely to have used drugs other than marijuana if they grew up in the Pacific States, and somewhat more of the first-term enlistees than of the draftees had grown up on the Pacific Coast (18% vs. 12%). However, neither this difference in place of rearing nor the small excess of pre-service drug use associated with it was enough to explain the very much greater use of drugs by first-term enlistees in Vietnam, which we will find in Chapter 6.

The Vietnam Experience

Even in a warring country as small as Vietnam, some soldiers had little personal involvement in the battles. Twice as many assignments were to support units as to combat units. Draftees were somewhat more likely than the Regular Army to get combat assignments (42% vs. 29%). About half the men were assigned to duty that they considered hazardous, even though many were not in units designated as combat units, and almost half had a good friend killed in combat there. Three-quarters had been under enemy fire while there, but half of these for less than a month out of their stay.

The press has stressed the boredom of soldiers in Vietnam. When we asked about boredom, a third of the men reported that they had little to do and that their job was boring. Even leisure time was not found dull by the majority. Perhaps there was too much danger for life to become dull.

The normal assignment to Vietnam was for one year. We had understood that units sent home during the "stand-down" taking place in the summer of 1971 were bringing with them all the soldiers in the unit who had been in Vietnam for at least 10 months, unless the soldier had especially needed skills. On the basis of this information, we expected that the majority of departures would be 12 months after arrival, but that a sizable minority of departures would be at 10 or 11 months after arrival. The men's records supported our expectation that 12 months was the modal duration of the Vietnam tour, but more men appeared to have been there 13 or 14 months than 10 or 11. Thirty-seven percent had been there 12 months, 28% for 13 or 14 months, and 13% for 15 months or more at the time of departure in September. In total, 78% of the men had had a year or more in Vietnam on this tour.

One out of eight had had an earlier tour in Vietnam as well. (These were all career soldiers.) While a long tour of duty in the 1970-71 era might increase exposure to heroin, it is not clear that an earlier tour in Vietnam would have this effect, since it was believed (Baker) that before 1969 there was relatively little heroin in Vietnam.

One of the theories offered to explain the enormous increase in the use of heroin in Vietnam after 1969 was that heroin was brought in to replace marijuana (Sanders), which became scarce as a result of a military crack-down, using dogs trained to detect its smell. To explore the possibility that heroin was being used because of a marijuana shortage, the men were asked whether marijuana was easily available in Vietnam. Seventy percent replied that marijuana was always available in the areas in which they were stationed, while an additional 22% said it was usually available (Table 5.4). Only 8% said it was often scarce or not available. If their estimates of the number of men using it were correct, marijuana must indeed have been easy to get. Seventy-one percent reported that at least half of the men in their units smoked marijuana regularly. Only 3% were not aware of its regular use among their fellow soldiers. Thus, while only 21% had associated with regular marijuana users before service, 97% knew marijuana smokers in Vietnam.

While men also reported observing a great deal of narcotic use in Vietnam, it apparently never reached the proportions of marijuana use. Asked how many men in their units used heroin or opium regularly, only 31% said that half or more did. Even so, almost every man in Vietnam knew someone who used narcotics regularly. Only 5% said no one in his unit was a regular user, and only 2% were not aware of anyone's using at all. Thus the proportion with acquaintances who used narcotics jumped from 9% before service to 95% in Vietnam.

TABLE 5.4

AVAILABILITY OF DRUGS IN VIETNAM

(General Sample, N = 451)

Marijuana: always available		70%
usually or always		92
half of unit (or more) used		
it regularly		71
Heroin: available in own unit		76
within an hour		98
Volunteered as:	Most Common [†]	Available in Own Unit*
Marijuana	81%	91%
Heroin	78	92
Amphetamines	14	45
Opium	15	40
Barbiturates	7	31
Hallucinogens	3	28
Cocaine	4	15

*In answer to both "What were the drugs most commonly used in your unit?" and "What other drugs did you see, or hear about, being used in your unit?"

†In answer to "What were the drugs most commonly used in your unit?"

Nor were the narcotics users seen only at a distance. Almost all men (84%) were personally offered narcotics while they were in Vietnam. More than half of them received such an offer within the first month there, leaving them more than 11 months in Vietnam to continue use if they accepted the offer. Through fellow soldiers and Vietnamese working around the camp, heroin was available almost continuously. More than three-quarters of the men said it was available in their own unit, and the remainder could get it within an hour outside the unit.

While less often used than marijuana, heroin appeared to be no less often available (Table 5.4). More than 90% thought both were available in their units. When asked what other drugs were also around, almost half mentioned amphetamines, 40% opium, one-third barbiturates, one-fourth mentioned hallucinogens (mainly LSD), and 15% said cocaine.

Heroin was considered not only most available but also the most dangerous of all drugs (89% nominated it). It was thought dangerous in part because it was accessible and cheap, but chiefly because it was considered highly addicting (Table 5.5). This was a reason offered by half of those who selected heroin as the worst drug in Vietnam. Other common criticisms of heroin was that it caused irresponsible behavior or hurt the user's health. These beliefs about the dangers of heroin were held just as frequently by men who had been detected as drug positive in Vietnam as by the general population.

Surprise sweeps, i.e., urine testing at unspecified times without warning, had not yet been instituted as a universal policy, but were being tried sporadically during this era. One-fifth of the men said that they had been tested in a surprise sweep at some time during their stay.

TABLE 5.5

WHY HEROIN WAS THE WORST DRUG IN VIETNAM

(Among 89% of the General Sample and 95%
of the Drug Positives who said it was)

	General Sample (403)	Drug Positives (447)
Causes addiction	52%	61%
Makes you irresponsible, unreliable	35	27
Cheapest and most available	34	29
Hurts your health	25	23
Leads to crime, discipline problems	15	19
Causes apathy, passivity	13	20
Causes accidents	13	11
Causes aggression	12	11
Causes death by overdose	12	11
Causes mental problems	11	11
Become preoccupied with drugs	7	7
Expensive	2	6
Makes you impulsive	2	1
Leads to social disapproval	1	2
Causes guilt, low self-esteem	*	1

*Less than 0.5%.

The testing of urines at departure had begun in June. By September virtually every man departing Vietnam had his urine checked (96%). The few men not checked at departure were either already in drug treatment programs at the time, or were patients for other reasons, or left Vietnam on emergency leave.

When men left Vietnam in September 1971 for the United States, 45% had earned a Silver or Bronze Star Medal; promotions had raised all but 8% to the corporal rank or above, and 43% had tried a narcotic. In the next chapter, we will describe the kinds and duration of narcotics use, its relation to the use of other drugs and alcohol, who the users were, and what happened to them in Vietnam.

CHAPTER 6

DRUG USE IN VIETNAM

Marijuana

In asking about drug use in Vietnam, we did not ask those who had used marijuana prior to Vietnam whether they also used it in Vietnam, assuming certain use by those already familiar with it in the United States. If we were correct about this assumption, that all 41% who had used marijuana before also used it in Vietnam, the total proportion using in Vietnam was 69% (41% plus 28% who used it for the first time in Vietnam) (Table 6.1). If this figure is even approximately correct, marijuana was far and away the most commonly used illegal drug in Vietnam. Alcohol, of course, was even more commonly used, by 92% of the men in Vietnam.

The estimated rate of marijuana use in Vietnam is double the rate of heroin use (34%), and nearly double the use of opium (38%), and more than double the use of amphetamines and barbiturates combined (31%).

Narcotics

But narcotics (both opium and heroin, the only two widely used in Vietnam) were reportedly as available as alcohol or marijuana. What then kept their use rate so far below that of alcohol and marijuana? The men who reported using no narcotics in Vietnam were asked why they refrained (Table 6.2). Three reasons predominated—they thought it would hurt them physically, they thought it would reduce their efficiency, and they were concerned about addiction. After these came concern about family and friends' opinions and their satisfaction with alcohol.

The latter explanation provides the background for an interesting finding—heavy alcohol use, which was positively correlated with drug use before Vietnam, was inversely correlated with it in Vietnam (Table 6.3). This "inhibition" of narcotic use by heavy drinking was especially strong against the heavy use of narcotics in Vietnam. Only 15% of the heavy drinkers in Vietnam used narcotics heavily, compared with 35% of the light drinkers and teetotalers.

TABLE 6.1
DRUGS COMMONLY USED IN VIETNAM
(Interviewed General Sample, N = 451)

	Proportion Reporting Use
Alcohol	92%
Marijuana	69*
Heroin	34
Opium	38
Amphetamines	25
Barbiturates	23

*Estimated.

TABLE 6.2

WHAT KEPT MEN FROM USING NARCOTICS IN VIETNAM

(Among General Sample non-users, N = 255)

Feared death or bodily harm	29%*
Could not do one's job	23
Feared addiction	22
Alcohol was a sufficient drug	18
Family or friends would have disapproved	18
Feared detection or bad military record	13
Disapprove use of drugs	10
Army educational programs advised against	7
Too expensive	4

*Percents add to more than 100 because some men gave several reasons.

TABLE 6.3

THE ASSOCIATION BETWEEN HEAVY DRINKING AND USE OF NARCOTICS BEFORE AND IN VIETNAM

(General Sample, N = 451)

	Percent Using Narcotics				
	Before Vietnam		In Vietnam		
	N	Any Use	N	Any Use	Heavy Use
Heavy drinkers	(190)	16%	(175)	35%	15%
Light drinkers or teetotalers	(261)	8	(276)	49	35
	$\chi^2 = 5.90, p < .01$		$\chi^2 = 6.98, p < .01$		$\chi^2 = 20.55, p < .001$

If a man was going to use narcotics at all in Vietnam, he usually began early in his tour of duty (Table 6.4). One-fifth of all users began within the first week of arrival and three-fifths within the first two months. Only one-quarter of those who would ever try narcotics waited more than 4 months to begin.

As this rapid onset of use would suggest, a long tour of duty in Vietnam was not necessary to begin using narcotics (Table 6.5). Men there less than a year used almost as much as men serving out their full year's tour of duty. Men staying beyond the normal year's tour had slightly higher use rates than men there exactly one year. Whether this slight increase reflects increased exposure to narcotics or drug users voluntarily extending their tours to maintain access to heroin is not known.

There may have been an association between the length of the Vietnam tour and the use of amphetamines and barbiturates. Unfortunately, not having anticipated the frequency with which these categories of drugs would be used, we did not ask how soon after arrival they were first used. (The apparent decline in use of all drugs by men in Vietnam 15 months or more reflects the fact that their longer exposure is being compensated for by an increasing proportion in the long-stay group of career soldiers, who had low drug use rates.)

TABLE 6.4

HOW SOON AFTER ARRIVAL DID NARCOTIC USE BEGIN IN VIETNAM?

(Narcotic Users in the General Sample: N = 196)

		Cumulative Percent of Those Using Narcotics in Vietnam
Within first 48 hours	21	11%
Within 1 week	42	21
Within 1 month	84	43
Within 2 months	116	59
Within 4 months	148	76
More than 4 months after arrival	48	24

TABLE 6.5

DID LIKELIHOOD OF DRUG USE INCREASE WITH TIME IN VIETNAM?

(General Sample for whom length of tour known, N = 438)

	N	Proportion Using These Drug Types		
		Narcotics	Amphetamines	Barbiturates
Length of Vietnam Tour				
Less than 12 months	(92)	40%	18%	20%
12 months	(163)	43	27	25
13 months	(55)	51	29	25
14 months	(69)	48	29	32
15+ months	(59)	46	27	17

One inference we could draw from the fact that use generally began very early in the tour, is that the particulars of the Vietnam experience with respect to danger, combat experience, and experiencing deaths of friends must not have been critical factors in trying narcotics, since first use generally preceded extensive exposure to these hardships. That was the case—there was no correlation between drug use and assignments, danger, or death of friends.

Most (62%) of those who used narcotics at all, used them frequently (more than weekly for one month or more) and most of those who used frequently, continued use through most of their stay (76% continued for more than 6 months).

In Table 6.2, we examined reasons given by the Vietnam soldiers who had been deterred from use of narcotics. But almost half did try them, even though users and non-users alike thought them dangerous, and among those who tried them, most found them sufficiently rewarding to continue regular use throughout most of their time in Vietnam. What were the attractions that overcame the near universal fear of narcotics?

We asked users what the main good effects the narcotics used in Vietnam had on them. The most common effect was euphoria, mentioned by 41% of those who ever tried them (Table 6.6). The next most commonly offered reasons were that they improved tolerance of Army regulations and made the soldier less homesick and lonely. Relief of boredom, depression, and insomnia were also mentioned, along with making time pass more quickly, improving interpersonal relations, reducing fear, and helping the soldier to be "one of the crowd."

TABLE 6.6

REASONS FOR USING NARCOTICS AMONG THE 196 USERS IN THE GENERAL SAMPLE

	Spontaneous	Agreed When Asked	Total Agreed
To get a high	41%	47%	88%
More tolerant of Army rules and regulations	13	61	74
Less homesick and lonely	12	*	*
Less bored	10	72	82
Less depressed	9	64	73
To sleep better	9	*	*
Made time seem to pass quickly	7	66	73
Improved social skills: patience, sensitivity, communication	7	*	*
Less fearful	6	40	46
Fitted in better with other soldiers	3	43	46

*Not asked specifically.

Users were also asked specifically whether they had experienced a number of "good" effects. When asked about euphoria, tolerance for Army regulations, easing boredom and depression, and making time seem to go faster, more than three-quarters of users agreed that heroin did have these effects for them. About half agreed that it made them less afraid and helped them feel part of the group.

We also asked about bad effects of using narcotics in Vietnam (Table 6.7). The effect most commonly volunteered was damage to health (25%). This damage was chiefly weight loss because of decreased interest in food or worsening of concomitant illness and infections, presumably because the analgesic properties of narcotics made it possible to ignore pain and discomfort. Hepatitis and infections at the administration site were not common, as they are among addicts in the States, because narcotics were seldom injected. Only 18% of the users injected at all, and many of these did so only occasionally. Injection was not necessary because heroin in Vietnam was pure and cheap. However, the low rate of injection also depended on the fact that the tour in Vietnam was only one year long for most men. The longer men used heroin, the more likely they were to begin injecting it (Table 6.8). Among users who quit within one month, only 7% ever injected, but with use between one month and six, the rate increased to 14%, with use between 6 and 9 months, to 25%, and among those who used more than 9 months, the rate of injection rose to 40%. Apparently even with very pure heroin, there comes a time when tolerance develops to the point that experiencing euphoria requires injection directly into the vein.

After poor health, the next most commonly volunteered disagreeable effect was nausea, followed in frequency by increased hostility and irritability, anxiety, apathy, thought disorder, and poor job performance.

We were not very successful in anticipating which negative effects would be mentioned. Thus we can report rates of agreement when specifically asked for only a few of the problems with narcotics most commonly mentioned spontaneously. We had anticipated five common problems: nausea, addiction, carelessness, inability to function on job, and disciplinary action. When asked about these, almost two-thirds reported they had experienced nausea from taking narcotics, almost half of the users felt they had developed dependence, one-third agreed that they became careless of danger, one-third agreed narcotics interfered with job performance, and more than a quarter said they got into disciplinary problems as a result of use.

According to principles of operant conditioning, continuation and discontinuation of narcotic use should be explained by positive and negative effects experienced. To learn whether the positive and

TABLE 6.7

BAD EFFECTS OF NARCOTICS IN VIETNAM AMONG 196 USERS IN THE GENERAL SAMPLE

	Spontaneous	Agreed When Asked	Total Agreed
Poor health, weight loss, etc.	25%	*	*
Nausea	19	45%	64%
Aggression, irritability	13	*	*
Anxiety	7	*	*
Apathy, loss of interest in environment	6	*	*
Trouble thinking	6	*	*
Could not do job properly	6	27	33
Dependence	4	43	47
Depression	4	13	17
Disciplinary problems	3	26	29
Expense	3	*	*
Dishonesty	3	*	*
Careless about danger	2	30	32
Disapproval from others	2	*	*
Overdose	2	8	10
Felt guilty, ashamed	2	*	*

*Not specifically asked.

TABLE 6.8

PROPORTION INJECTING AND ADDICTED AS FUNCTIONS OF LENGTH OF NARCOTIC USE IN VIETNAM

(Among the 149 General Sample members who used a narcotic 5 times or more in Vietnam)

	N	% Ever Injecting	% Addicted
Used less than one month	(28)	7%	0%
One to six months	(29)	14	52
Six to nine months	(44)	25	82
Nine months or more	(48)	40	81
		$p < .01$	$p < .0001$

negative effects seemed to explain continuation or discontinuation, their relation to length of use was explored (Table 6.9). Except for having trouble on the job and health problems, all effects, both good and bad, were more common with more prolonged use. The strongest association between time and good effects were fear reduction and making time pass quickly. The strongest association between time and bad effects were with addiction and disciplinary problems. That both positive and negative effects are associated with duration shows that the causal direction is more probably that duration leads to experience rather than experience influences duration.

TABLE 6.9

RELATION OF EXPERIENCES WITH NARCOTICS TO LENGTH OF USE

(General Sample users in Vietnam, N = 196)

	Length of Regular Narcotics Use		
	Never Regular (65)	Up to 6 Months (39)	Six Months or More (92)
A. Labeled as Good			
Felt good*	82%	92%	92%
Less fear	22	44	63
Less bored	65	85	92
Fitted in	31	51	54
Less depressed*	57	72	85
Time passed quickly	48	77	89
Stand Army rules	60	69	86
B. Labeled as Bad			
Became addicted	2	38	82
Drug made him nauseated	43	59	80
Got into disciplinary troubles because of drug	5	31	46
Drugs made him careless of his or others' safety	18	31	41
Had trouble doing job because high*	20	33	32
Drugs hurt his health*	23	21	28

*Not significantly more common with longer use. All others are significant.

Amphetamines and Barbiturates

Amphetamines or barbiturates were used by substantial numbers—by about one-third of the men. There was little publicity about the use of these drug types, presumably because they seldom came to official attention. In Table 4.1, we noted that only 3% of the self-reported barbiturate users and only 2% of the self-reported amphetamine users had any notation of these drugs in their military records. It is not clear exactly why use of these drugs was so seldom noted. However, one reason seems to be that these drugs were used almost exclusively by men who also used narcotics. And among narcotics users, use of amphetamines and barbiturates was strongly related to degree of dependence on narcotics. Only 13% of narcotics users who used neither amphetamines nor barbiturates were highly dependent, as compared with 60% of those who used both drugs (Table 6.10). Since about half the users of amphetamines and barbiturates were simultaneously heavily dependent on narcotics, it is probable that official attention was directed to the narcotic abuse, and the use of other drugs skipped over.

Getting Caught in the DEROS Screen

In all, nearly half (45%) of the men who went to Vietnam tried one of the three types of drugs that were being tested for in the urine screening at DEROS (opiates, amphetamines, and barbiturates). It was widely publicized that urines would be screened, in hopes that men would voluntarily stop using drugs

TABLE 6.10

MULTIPLE DRUG USE AND DEPENDENCE ON NARCOTICS IN VIETNAM

	N	% With 4 of 5* Symptoms of Narcotic Dependence
Among Narcotic Users		
No other drug types	(67)	13%
Amphetamines only	(27)	48
Barbiturates only	(22)	59
Both barbiturates and amphetamines	(80)	60

*Thought he was addicted, used regularly >1 month, withdrawal lasted 2+ days, had 2+ typical withdrawal symptoms out of 4 (cramps, muscle pain, twitching, chills), usually injected or sniffed.

before they were ready to return home. Although a large proportion had heard about the urine screening program, not all had sufficient timely information to avoid detection. To avoid detection, a user not only had to know there would be a test at departure, but also when his own departure would be, which of the drugs he used could be detected, and how long ahead of time he had to stop using these drugs to get through the screen. Lack of knowledge was not, of course, important for nonusers or users of non-detectable drugs like marijuana—they would not be caught in any case.

Of all the men who did use a detectable drug in Vietnam, 60% had sufficient knowledge about the date of the test, the detectability of the drugs he used, and how many drug-free days a negative urine required to avoid detection. Yet among users so forewarned, 30% had positive urines, an even higher proportion than among users lacking some of this information (23%). Since information alone was not enough, what were the characteristics which distinguished the approximately 10% of the total sample who did get caught in the DEROS screen from the 35% who reported some drug use but were not caught?

Of those caught in the DEROS screen, 77% said they had been dependent on narcotics, 64% said they had used narcotics within three days of the test, and just over half (55%) said both—i.e., 55% of those caught were the men whom the test was devised to detect: dependent users who could not or would not stop use before returning home (Table 6.11).

While only 55% of the men detected were of the type the program was intended to identify, a large proportion (87%) of the target group—men both dependent and using just before DEROS—were detected. Thus the DEROS screen did identify most of its target group even though only half of those identified belonged to this group.

We asked the men who admitted using narcotics in the last 3 days before the DEROS screen and knowing they might be caught why they had not stopped earlier. Combining men in both the general and drug-positive samples, the most common reason for not stopping was "addiction." This accounted for at least half of those continuing use—men who either felt they could not quit at all or felt that they needed treatment for their habit. (This would seem to confirm our finding that about half the men caught were in the target group of truly dependent soldiers.) Another large group (25%) did not feel unable to quit but said they were enjoying the use of narcotics so much that they did not try to stop. A few thought the test less sensitive than it was or thought they knew a method (e.g., drinking vinegar) to "beat" it that failed, and a few claimed accidental intake (e.g., smoking what they had thought was a plain marijuana cigarette, which in fact was laced with opium). In sum, 55% of the men detected were those intended—dependent men who used drugs in the last 3 days. Nine percent admitted using drugs in the 3 days before DEROS but said they had never been dependent on them. Twenty-two percent of those detected said that they had been

TABLE 6.11

WHO WAS DETECTED BY THE DEROS SCREEN?

A. Characteristics of Men Detected	(Drug Positive Sample, N = 469)
Dependent on narcotics	77%
Using in the last 3 days	64
Both	55
B. Proportion of the Target Group Detected	(in General Sample)
Of those claiming illicit narcotic use in last 3 days before DEROS (46)	74%
Of those ever dependent on narcotics in Vietnam (95)	44
Of those using within 3 days of DEROS and ever dependent (38)	87

dependent on narcotics but thought they were off drugs more than 3 days, which should have been long enough to get by, and 14% denied both being dependent and using drugs in the last 3 days.

Claims by those caught who denied any drug use around departure time could be explained by their lying, by their being victims of a successful "switching" of urines by a user, or by the test's producing false positives. If we assume that liars about detectable drugs would also lie about non-detectable drugs, lying was not an important factor, since the same proportion were found positive among men who admitted use of marijuana or other nondetectable drugs within 3 days of DEROS and those who denied using any drugs at all (Table 6.12). Apparently about 3% of the men were victims of urine switching, or were false positives on the tests, or were incorrectly recorded as positive through clerical error.

The sample also contained about 3% who reported recent use but who were not detected. Reasons included successful switching of urines and persuading the doctor that use had been by prescription, but the most important reason may have been insensitivity of the test. According to the Department of Defense, the original testing, including the period of September 1971, used pH levels that were later changed to increase sensitivity to morphine, the metabolic product of heroin and opium. General knowledge that false negatives occurred may explain some of the detection of nondependent men—these men may have thought they had a good chance of getting through the screen without stopping drugs. If knowledge that the early testing was insensitive did increase risk-taking, Army medical records should show higher rates of withdrawal symptoms among men detected after improvement in sensitivity of the testing would have reduced that risk-taking behavior. So far as we know, these data have not been explored.

Of course, increased certainty of detection would not have prevented detection of men misinformed about which drugs were detectable. Almost all the heroin users knew that they were at risk (95%) (Table 6.13), but only 69% of the men detected using other narcotics (usually opium) realized it was equally detectable. Similarly, only about two-thirds of those using barbiturates knew that these were detectable drugs, although in practice that lack of information was not very important, since three-quarters of the barbiturate users just before DEROS were using a narcotic at the same time. Although there was also some ignorance about the use of amphetamines by users, amphetamine use just before DEROS was too rare to contribute much to explaining the large number of men detected.

Pre-Service Predictors of Drug Use in Vietnam

Although about half of all the men who came to Vietnam used drugs while there, they were by no means a random half. Drug use was more common among men who had used drugs or had been heavy

TABLE 6.12
RELATION BETWEEN DRUGS USED JUST BEFORE DEPARTURE AND
DETECTION
 (General Sample, N = 451)

	Of Those Using Each Drug, Percent Caught		Of Those Caught, Percent Using Each Drug (N = 47)	
	N	%	f	%
Drugs Reported Used Within 3 Days Prior to Test				
Narcotics	46	78	34	72
Alone	35	69	24	51
With amphetamines or barbiturates	11	91	10	21
Amphetamines or barbiturates	16	75	12	26
Without narcotics	5	40	2	4
Narcotics or barbiturates or amphetamines	51	71	36	77
Marijuana	41	2	1	2
All other drugs	73	3	2	4
No drugs	280	3	8	17

TABLE 6.13
BELIEFS ABOUT WHICH DRUGS WERE DETECTABLE AMONG USERS

	Illicit Drugs Used Within 3 Days Before DEROS		Percent of Users Who Expected That Drug to Show in Urine			
	Percent Using		GS		D+	
	GS (451)	D+ (468)	GS		D+	
			N	%	N	%
Heroin	9%	60%	(43)	95%	(280)	94%
Other narcotics	2	12	(8)	50	(57)	72
Amphetamines	1	1	(3)	67	(6)	83
Barbiturates	3	8	(14)	79	(38)	58
Marijuana	14	27	(62)	3	(127)	8

GS = General Sample.

D+ = Drug-Positive Sample.

drinkers before Vietnam, who had been arrested, who had dropped out of school, who were reared in a large city, who were especially young at arrival in Vietnam, and who had enlisted rather than being drafted (Table 6.14).

a. *Enlistees vs. draftees*

The much greater propensity for first-term enlisted men than for draftees to use drugs may be of particular concern to the Army with the ending of the draft. The first-term enlistees' high rate of drug use in Vietnam was not a function of their having been drug users before Vietnam, since they did not differ from draftees in that respect (see Table 5.2). However, they were younger than the draftees when they got to Vietnam, they had done more drinking in the year before service, they had had more arrests, and many more had failed to complete high school, all factors predictive of drug use in Vietnam.

When we looked at draftees and enlisted men with and without each of the characteristics which predicted drug use in Vietnam, the enlistees continued to exceed the draftees in rates of use (Table 6.15). Even when they had none of these predictors, a third (36%) used drugs, as compared with half that proportion of draftees equally free of other predictors of drug use.

b. *Pre-service drugs and alcohol*

We noted that both alcohol and drug use before service were related to drug use in Vietnam, but that heavy use of alcohol while in Vietnam seemed to protect men against drug use. Since heavy drinking in

TABLE 6.14

PRE-VIETNAM PREDICTORS OF DRUG USE IN VIETNAM

(General Sample, N = 451)

	Users of Narcotics, Barbiturates, or Amphetamines (Interviewed: N = 205)	No Drugs or Marijuana Only (Interviewed: N = 246)
Drugs and Alcohol		
Used marijuana	69%	7%
Used narcotics, barbiturates or amphetamines before Vietnam	54	0
Heavy drinking	58	3*
Civilian arrest	44	20
Large city*	38	28
Service Status		
Enlisted	62	29
Draftee	34	53
Career	4	18
Education		
Did not complete high school	39	23
Age in 1970		
Under 20	25	8
20	37	33
21	20	16
22	18	43

*p < .05. All others: p < .001.

TABLE 6.16

**PRE-SERVICE PREDICTORS OF VIETNAM DRUG USE FOR DRAFTEES
AND FIRST-TERM ENLISTEES**

(General Sample with both interview and record, excluding career soldiers, N = 390)

	Draftees		First-Term Enlistees	
	N	%	N	%
A. Overall	(195)	35	(195)	65
Pre-Vietnam narcotic use	(19)	84	(29)	97
None	(176)	30	(166)	59
Black	(19)	63	(23)	74*
Not black	(176)	32	(172)	63
Inner city	(34)	59	(34)	74*
Not inner city	(161)	30	(161)	63
Pre-Vietnam disciplinary action	(22)	55	(32)	72*
No pre-Vietnam disciplinary action	(173)	33	(163)	63
Pre-Vietnam arrests	(55)	55	(76)	76
No pre-Vietnam arrest	(140)	28	(119)	57
High school incomplete	(36)	39	(76)	78
High school complete	(159)	35	(119)	56
Any of these	(106)	50	(145)	74
None of these	(89)	18	(50)	36
B. By Rank and Age at Arrival in Vietnam†				
Private				
< 21	(65)	37	(41)	61
21+	(31)	42	(11)	45
Pfc				
< 21	(20)	60	(27)	78
21+	(26)	42	(15)	40
Sp4				
< 21	(12)	33	(35)	71
21+	(26)	8	(41)	58
Sp5				
< 21	(3)	33	(6)	50
21+	(7)	0	(10)	50

*Not significantly greater than men without this characteristic. All other differences are significant by χ^2 , $p < .01$.

†Proportions refer to narcotics use only.

the year before service predicted heavy drinking in service, these findings at first seem paradoxical. To understand how drugs and alcohol before service interact to predict drug use in Vietnam, consult Table 6.16. When men had not used drugs before Vietnam, those who had been heavy drinkers were four times as likely to begin drug use in Vietnam as those who had not. But the more exposure to drugs the man had had before service, the smaller the increment attributable to drinking. Indeed, if the man were a user of several hard drugs before service, heavy drinking as well may have indicated less susceptibility to drug use in Vietnam. The drinking question referred to the man's last year before service, while the drug questions covered his entire pre-service history. A few of the multiple drug users who drank heavily that last year before service may already have given up drugs in favor of alcohol. Having been amply exposed to drugs earlier, they were not tempted to reexperiment in Vietnam. Among men who had used no illicit drug or only marijuana before Vietnam, those who drank heavily were willing to experiment with drugs if they were cheap and easy to get. Once they tried narcotics in Vietnam, they presumably often found they preferred them to the alcohol and marijuana they were familiar with before, and so gave up drinking in favor of narcotics.

c. Combined predictors

We have noted two themes in predicting drug use: 1) that earlier use of both drugs and alcohol was important, and 2) that the set of behaviors that led to enlisting in service before the man was of draft age also was important. To learn how these predictors worked together, we entered 25 possible predictors into a two-step multivariate analysis as described in Chapter 5, page 21f. Again the two samples were combined with the drug-positive sample weighted to reflect the proportion of drug positives in the general sample.

The strongest predictor of use in Vietnam was marijuana use before Vietnam. Also important was being a first-term enlistee and earlier experience with narcotics or amphetamines. A history of arrest, truancy and not working at time of induction also predicted use. The variable best predicting avoiding heroin even in Vietnam was being 24 or older at arrival in Vietnam.

TABLE 6.16

PRE-VIETNAM DRUG AND ALCOHOL USE AS PREDICTORS OF VIETNAM DRUG USE (General Sample, N = 451)

	Percent Using Hard Drugs in Vietnam		Difference Attributable to Heavy Drinking
	N	%	
Pre-Vietnam Experience			
No drugs: No heavy drinking	(155)	11%	
Heavy drinking	(84)	48	+37%
Marijuana only: No heavy drinking	(36)	50	
Heavy drinking	(40)	68	+18%
Amphetamines, barbiturates, narcotics			
One of these: No heavy drinking	(36)	64	
Heavy drinking	(35)	77	+13%
Two or three: No heavy drinking	(28)	100	
Heavy drinking	(37)	89	-11%

TABLE 6.17

PREDICTORS OF DRUG USE IN VIETNAM

(MCA analysis, combined samples with drug positives weighted to their proportion in the General Sample)

Overall Proportion = 46%	
Variance Explained = 36% (Multiple R = .60)	
Predictors in order of their contribution to the multiple correlation	Change in overall proportion attributable to this category
Marijuana before service: Yes	+24%
No	-10
Service status: First-term enlistee	+10
Career or draftee	-8
Narcotics or amphetamines before Vietnam: Yes	+14
No	-5
Age at arrival: < 21	+6
21-23	-2
24 or older	-14
Arrested before service: Yes	+8
No	-3
Truant: Yes	+10
No	-2
Unemployed at induction: Yes	+5
No	-2

These pre-service predictors of drug use in Vietnam were rather powerful. They explained 36% of the variance, using only 7 predictors (multiple R = .60). With the exception of age, all were descriptors of pre-service behavior. Race, geography, and family background did not add significantly to the predictive set. Based on these findings, to reduce the proportion of drug-using soldiers, the most efficient method would be to exclude the one-third of the population already drug experienced before they enlist. A second useful step would be to send only older soldiers into areas of high risk.

d. Predicting heavy use

It was not as easy to predict which of the men who used drugs in Vietnam would use them only occasionally from a knowledge of the men's history before service (Table 6.18). The set of predictors which had explained 36% of the variance with respect to any use, explained only 9% of the variance with respect to heavy or light use among users. Users in Vietnam who had tried narcotics or amphetamines before

TABLE 6.18

PREDICTORS OF HEAVY USE IN VIETNAM AMONG USERS
(MCA analysis, combined samples with Drug Positives weighted to their proportion in the General Sample)

Overall Proportion = 60%	
Variance Explained = 9%	
Predictors in order of their contribution to the multiple correlation	Change in overall proportion attributable to this category
Narcotic or amphetamine before Vietnam: Yes	+13%
No	-10
Disciplinary action before Vietnam: Yes	+10
No	-5
Service status: Enlistee	+3
Draftee or career	-5

Vietnam, who had had disciplinary action in service before they got to Vietnam, and who were enlistees were all especially likely to use heavily if they tried narcotics at all. However, men who used narcotics in Vietnam who did not have these characteristics became heavy users in at least 50% of cases, and no pre-service variables were found which could significantly predict an ability to try narcotics without becoming heavily involved. Thus, the *trying* of narcotics for the first time in Vietnam did depend on the history of the soldier before arrival, but the degree of use once he decided to try them was not predictable from his Army record or from the background factors we asked about in interview.

A Predictor of Occasional Narcotics Use: Late Onset

Although pre-service factors were not useful for predicting who could try narcotics without using heavily in Vietnam, there was one factor which did help in that prediction: delay in beginning use after arrival (Table 6.19). First-time users who did not begin use until they had been in Vietnam at least 6 months used them heavily in only one-fifth of cases. A delay in beginning use also seems to have reduced the proportion of experienced users using heavily, although so few experienced users delayed that the proportions are probably not dependable. Presumably those who resist temptation before yielding tend not to yield as completely.

Consequences of Drug Use in Vietnam

The most direct consequences of drug use in Vietnam were volunteering or being sent for treatment and being disciplined for the illegal use of drugs or for drug-related offenses. Judging from our sample, 14% of the men in Vietnam in 1970-71 were treated for drug problems, half by their own choice, and 7% had disciplinary difficulties stemming from drug use. Treatment generally consisted of group therapy and tranquilizers.

Among the 95 men in the general sample who reported symptoms of dependence on narcotics, 33% reported treatment prior to their urine tests at DEROS. Since dependent men were not randomly assigned

TABLE 6.19

**RELATION BETWEEN HOW SOON NARCOTIC USE BEGAN IN VIETNAM
AND HEAVY USE, FOR EXPERIENCED AND INEXPERIENCED USERS**

	Percent Who Used Heavily			
	Began Use before Vietnam		Began Use in Vietnam	
	N	%	N	%
Total	(46)	80%	(150)	57%
When use in Vietnam began				
In first week	(14)	100	(28)	82
From one week up to two months	(23)	78	(51)	61
Two months or more	(9)	56	(71)	43
Six months or more	(4)	50	(28)	21
	$p < .05$		$p < .001$	

to treatment and control groups, it is probable that the more dependent men were more likely to be treated, confounding any attempts to assess the efficacy of treatment. All we can say with certainty is that the treatment they received had limited effectiveness, since among those dependent and treated before DEROS, 45% were detected as again drug positive at DEROS. Of those who reported dependence but no treatment, the identical proportion was detected as drug positive at DEROS.

Men treated in Vietnam were asked if the treatment they received had been effective, whether they had been treated before DEROS or as a result of the urine screen. About half (44%) said the treatment had got them off drugs for good, 29% said it had got them off temporarily, 8% thought it helped them reduce their dosage, 10% thought there was no reduction of use as a result, and 9% said the treatment had been unnecessary, either because they had already taken themselves off drugs before it began or because they had never really been on drugs at all.

Punitive action toward drug users might entail loss of pay, confinement, demotions, or failure to promote the drug user as rapidly as his peers. Men who were known to the Army as drug users prior to the DEROS screen had much higher rates of disciplinary action (i.e., fines or confinement) in Vietnam (48%) than did men who reported heavy use of narcotics but who were unknown to the Army as drug users before the urine screen at DEROS (23%) (Table 6.20). Before arrival in Vietnam, men who would become known as drug users in Vietnam did not differ in rank from men who were to use heavily in Vietnam without detection. By the time they left Vietnam, however, only 55% of the men known as users before DEROS had risen in grade, compared with 73% of the non-detected heavy users, and 37% of those who had arrived in Vietnam at a rank above private had been reduced to private, compared with only 4% of non-detected heavy users. Non-detected heavy narcotics users did not differ from men who tried narcotics only occasionally in their rates of disciplinary actions and promotions. (Their disciplinary actions and promotions should not be compared with those of non-users, because the latter group included many of the career men who arrived in Vietnam at substantially higher ranks and with superior performance records.) They did have more psychiatric treatment than light users, but less than detected men. These results indicate that a good many men were able to use narcotics heavily in Vietnam and still function acceptably.

As the interview closed, men who had used drugs in Vietnam were asked: "Thinking back over your experience with drugs in Vietnam, do you think it has done you any harm?" As they looked back on the situation, 8 to 10 months later, only 10% of the users in the general sample thought they had been damaged by the experience. Even among men who had been detected as drug positive at DEROS, only a minority (31%) considered their Vietnam drug experience harmful.

TABLE 6.20

CONSEQUENCES OF DETECTION AS A NARCOTICS USER IN VIETNAM

	Detected Before DEROS (47)	Heavy Users Not Detected Before DEROS (67)	Light User (69)	Non-User (238)
Rank at Arrival in Vietnam [†]				
Private	36%	30%	42%	34%
Pfc	26	27	26	18
Sp4 or Cpl	32	40	23	25
Sp5 to below Master Sgt	6	3	9	15
Master Sgt	0	0	0	8
	100	100	100	100
Events in Vietnam				
Disciplinary action [†]	48	23	14	9
Psychiatric treatment [‡]	31	16	4	2
Rank at Leaving Vietnam [†]				(220)*
Rose	55	73	74	77
Same	21	24	23	22
Reduced to private	23	3	3	1
Of those not privates at arrival	37	4	5	1

*Omitting master sergeants, since they did not occur among users and could not rise in grade without escaping our sample.

[†]Heavy users not detected before DEROS significantly different from users detected, not different from light users.

[‡]Heavy users not detected significantly less than those detected and significantly higher than light and non-users.

[§]Non-users significantly different from each other group.

CHAPTER 7

RETURN TO THE UNITED STATES

Leaving Service

The Army had estimated that 40% of the men returning to the United States would be due for immediate discharge. However, 64% were discharged within 8 days of their return, and 66% within the first month. (Apparently men near their ETS dates were discharged early rather than reassigned.) By the time of interview, 8 to 12 months after return, only 18% remained in service. None of the draftees was still on active duty. Those still in service were found stationed at 47 different posts scattered over 23 States. A very few of those placed in treatment for drugs on return were still in care.

The members of the Regular Army who were especially likely to remain in service were the older, higher ranking men (Table 7.1). Blacks were also somewhat more likely to remain in, perhaps reflecting less opportunity outside the military. (The difference was below significance when the fact was taken into account that there were somewhat more blacks among the older men than among the younger.)

By the time we interviewed the men 8 to 12 months after their return from Vietnam, the men still on active duty included a large proportion of the older career soldiers, none of the draftees, those on their first enlistments in Vietnam who had decided and been allowed to reenlist, plus first-term enlistees who had gone to Vietnam early in their enlistments and still had some months to serve. The active duty group thus had become polarized in terms of its Vietnam drug behavior. It was now half career men, who had had little drug experience, and half enlistees, who had included the highest proportion of drug users in Vietnam. The draftees, who had fallen in the middle with respect to drug use in Vietnam, had become civilians.

The first-term enlistees were slightly more likely to remain in service, if they had not used narcotics in Vietnam. Sixteen percent of those who did use in Vietnam vs. 19% of those who did not were still on active duty (Table 7.2). The few career men who had used narcotics in Vietnam were also less likely to remain in

TABLE 7.1
WHICH MEMBERS OF THE REGULAR ARMY (N = 232)
WERE ON ACTIVE DUTY AT INTERVIEW

	N	Percent Still on Active Duty
Overall		31%
Men 26 or older at return	(43)	81 [†]
Men 25 or younger	(189)	20
Rank above Sp6	(57)	65 [†]
Rank Sp6 or lower	(167)	21
Blacks	(33)	45*
Whites	(180)	27

*p < .05.

†p < .001.

TABLE 7.2

**PROPORTION STILL ON ACTIVE DUTY AT INTERVIEW, CONTROLLING
ON SERVICE STATUS AND NARCOTIC USE IN VIETNAM**

(General Sample with both interview and record, N = 441)

	N	On Active Duty 8-12 Months After Return from Vietnam
Draftees		
Narcotic users	(65)	0%
Non-users	(130)	0
First-Term Enlistees		
Narcotic users	(121)	16
Non-users	(74)	19
Career Soldiers		
Narcotic users	(9)	56
Non-users	(42)	90

than those who had not (56% vs. 90%). As a result, the men still on active duty at interview included only 30% who had used narcotics in Vietnam, while discharged men included 47%.

When we later compare post-Vietnam outcomes of men still on active duty 10 months after return with that of veterans, we will have to take into account the higher proportion of high-ranking men in the active duty group, as well as the lower proportion who had used narcotics in Vietnam. If we find better adjustment among men still in service, this may reflect at least as much their selection for good behavior by the Army as any good effects of the Army environment on their adjustment.

Adjustment Compared With Soldiers Who Had Not Been to Vietnam

The men discharged spent an average of 2.75 months on active duty after their return, while men who remained on active duty had spent an average of 10 months in service back in the States before interview. These two groups combined had spent an average of 5.25 months in service since they returned from Vietnam.

Within that period, 10% received psychiatric care (6% for reasons other than drug use), and 12% received disciplinary actions. (These are maximum figures, combining self-report and military records.)

The rate of psychiatric care other than drug treatment is similar to that reported by Borus (1973). He found that 4% of 577 Vietnam returnees spending an average of 5 months in an Army camp on the East Coast after their return had had psychiatric treatment. The rate for Vietnam veterans he found compared favorably with a rate of 10% for other soldiers at the same camp. Thus, whether or not we exclude drug treatment, there is no reason to believe that the Vietnam returnees in either study had more psychiatric problems during the period immediately after their return than other soldiers.

Our estimate of the proportion with disciplinary records (12%) is somewhat lower than Borus's (21%). He again found no difference at the camp he studied between rates for Vietnam veterans and other soldiers (20%). Thus Vietnam veterans do not seem to have had unusual disciplinary problems either, whether we compare our figures or Borus's with rates for a control group of soldiers.

Discipline Problems

About one-third of all post-Vietnam discipline problems reported in interview stemmed from drug use, the same proportion as in Vietnam. The proportion associated with drunkenness had also remained about the same—8% of all discipline problems after service vs. 9% in Vietnam. The proportion of men reporting drug discipline cases was lower after Vietnam (3% instead of 7%), but this seemed to be accounted for by the fact that men remained in service an average of only 5.25 months after their return, while they had had a year in Vietnam. Correcting for the differences in duration, rates of drug discipline problems had *not* decreased after return, although as we shall see, drug use decreased greatly. Apparently the risk of getting in trouble for an equivalent degree of drug usage was much higher after return than it had been in Vietnam. In the short time since return, patterns of disciplinary action had not yet reverted to pre-Vietnam days, when 23% of the disciplinary problems were due to drunkenness and only 6% to drugs.

Discharges

Almost all of the general sample discharged received an honorable discharge (92%), and none received a dishonorable discharge. About 4% were given general discharges, and about the same number were given discharges without honor. Two reasons for getting less than an honorable discharge dominated: poor performance in service and being AWOL. Discharge records showed 8 cases (2% of the general sample) whose drug use was specifically mentioned as playing a part in the decision not to give them an honorable discharge.

CHAPTER 8

AFTER DISCHARGE

Location

Men discharged from service were found to be distributed geographically much as one would have expected from census figures for persons age 21-24 in 1970,¹ with the exception of a slight deficit in New England and the Middle Atlantic States (14% rather than the expected 23%), and a slight excess in the East North Central States (28% instead of the expected 19%) (Table 8.1). This underrepresentation of men from the northeastern part of the United States and overrepresentation from the north central areas occurred both among large city dwellers and among those outside large cities (Table 8.2), and thus did not result in a sample biased with respect to residence in large metropolitan areas. However, only 1.9% of the 20- to 24-year-olds in our sample were living in the New York City metropolitan area, compared with the 1970 census figure of 5.7% for all young males in this age range. There was no deficit, however, in some of the other metropolitan areas thought to be important heroin centers. Chicago, for instance, was not underrepresented.

Residence at interview was generally in the same areas in which the men reported growing up. About three-quarters were living in the same town in which they said they had spent most of their teens. About half of those who had moved away from that town had spent some time there when they first came back from overseas. Thus a great majority (86%) of discharged soldiers returned at least for a while to the environment from which they had left for service. There had been no flight to large cities among the movers. About the same proportion had moved away from the 31 largest cities as had moved into them.

TABLE 8.1
WHERE DO VETERANS LIVE?

	Expected Based on Pop. 1970 Age 21-24	Men Discharged by Interview	
		General Sample (366)	Drug Positive (381)
Puerto Rico	1%	1%	1%
New England	6	3	3
Middle Atlantic	17	11	13
East North Central	19	28	19
West North Central	8	11	7
South Atlantic	16	15	19
East South Central	6	5	7
West South Central	10	9	12
Mountain	4	4	4
Pacific	14	13	15

¹ See *Statistical Abstract of the United States, 1972, Table 36.*

TABLE 8.2

**INTERVIEWED MEN BY SIZE OF CITY OF RESIDENCE AND REGION
(OF MEN RELEASED FROM SERVICE)**

	In the 31 Largest Metropolitan Areas			Outside the 31 Largest Metropolitan Areas		
	Expected Percent*	General Sample (N=359)	Drug Positives (N=372)	Expected Percent	General Sample (N=359)	Drug Positives (N=372)
Total	38%	36%	43%	62%	64%	57%
By Regions		(N=128)	(N=161)		(N=231)	(N=211)
New England	4	2	1	7	3	4
Mid-Atlantic	28	21	19	12	5	8
East North Central	22	27	24	18	29	16
West North Central	7	9	8	9	12	7
South Atlantic	11	10	11	18	18	26
East South Central	0	0	0	10	8	13
West South Central	6	9	11	12	9	13
Mountain	2	2	1	6	6	7
Pacific	21	20	25	8	10	8

*1970 census for males 20-24.

To learn whether those who moved were moving into environments that differed in availability of drugs from the environments in which they had grown up, we asked the movers whether heroin was more or less available in the town in which they now lived than it was in the town in which they had lived before service. A sizable proportion did not know (29%). Those who gave an opinion were balanced in reporting that the availability was greater or less. The availability of heroin had influenced the decisions about where to live for only 1%. These men had moved away from their home town to avoid exposure to heroin. No one said that, having become addicted in Vietnam, he sought a place to live in which he could continue his drug use.

In sum, this military sample had been reasonably representative geographically of the country as a whole before entering service, and continued to be distributed much like the country as a whole after discharge, both with respect to urbanization and region. Except for a deficit of New York City residents, who may be especially exposed to narcotics, there was no reason to believe that their opportunities to obtain drugs on return were different from the general population's.

Social Life

The return to the home town was accompanied by the resumption of pre-service friendships. When asked whether their current friends were people they knew from before service, fellow Vietnam veterans, or people they met since their return, almost two-thirds of men now discharged said that they were mostly pre-service friends. Only a few (15%) had maintained contacts they made in Vietnam.

Although the men have mostly returned to their homes and their old friends, times have not stood still at home. Many of those old friends discovered marijuana while the soldiers were away (Table 8.3). About half the men whose friends did not use marijuana two years ago found that at least some of them were using it now and one in five found that half or more of their old friends had become marijuana smokers.

TABLE 8.3

HAVE OLD FRIENDS CHANGED OR HAVE MEN CHANGED FRIENDS?

(General Sample, omitting men who have seen both old and new friends since return)

	Did Not Associate With Marijuana Users Pre-Service		Associated With Marijuana Users Pre-Service	
	Sees Only Old Friends (131)	Sees Only New Friends (94)	Sees Only Old Friends (50)	Sees Only New Friends (45)
How Many Friends Now Smoke Pot?				
More than 60%	11%	16%	66%	47%
40-59%	8	6	8	16
16-39%	12	9	10	11
1-15%	21	28	12	16
None	48	41	4	11

Even when men have moved to new scenes and new friends, there has been little change in their rate of association with marijuana users. Rates of marijuana use in old and new friends did not differ significantly. Apparently, they have chosen new friends with marijuana habits much like those of their old friends. We conclude that the experience with marijuana users in Vietnam has had little effect on the kinds of social groups in which men feel comfortable once back in the States.

Marriage

Although their friends are much the same, the 8 to 12 months since return from Vietnam were times of major changes in other ways. Of those who were single when they returned, 22% had married by the time of interview and about one-fifth of these new marriages had already failed. Of those who had been divorced or separated when they left for Vietnam, 36% had remarried by interview. Of those who were married at return from Vietnam, 8% had split up. Thus in a sample of men who went to Vietnam two-thirds still bachelors and 3% divorced or separated, at interview only half were still bachelors and the rate of divorced and separated had increased to 10%.

Jobs

At the time they went into service, 68% of the men had been working at a full-time job. Eight to twelve months after their return from Vietnam the proportion of discharged men with a full-time job was 73%. An additional 4% were full-time students. The remainder had no full-time occupation, and 15% had neither a part-time job nor part-time school enrollment. (This rate of unemployment should not be compared with the 1970 census unemployment rate for young men because the census includes only men actively looking for work who did not work even one hour in the preceding week. By these criteria, the rate of unemployment for our sample drops to 8%, which compares favorably with the census rate of 10.5%.)

There was a strong correspondence between work histories before and after service. Of those who had been employed a year or more at the time they entered service, 87% were full-time employees or in school

full time at interview. Of those who were unemployed at the time they entered service, only 70% were full-time students or employees at interview. One reason for the higher employment rates for men previously working was that employers did, in general, honor their commitment to reemploy veterans who had left them to enter service. Of men who said they had had a job at induction which they tried to get back, only 14% failed to be offered it.

The 23% not working or in school full time at interview (15% totally unemployed plus 8% with part-time school or job), included 19% who had tried to get a full time job and 4% who had not. Those who had not sought work consisted of 2% who intended to return to school full-time, 1% not yet ready to go to work because they had only recently left service, and 1% who preferred not to have full-time employment. Thus only 1% of the soldiers appear to be clearly "turned off" by the world of employment.

Most men began looking for work soon after they were released, 30% within the first week out and 60% within the first month. By the end of 4 months, 89% had tried to get a job.

If jobs were going to be found at all, they were usually found within the first month's search (74% of those who found one did so within a month). Since all but 4% had been out for more than 4 months at interview, the high employment rate was not explained by the men's not having been in the job market long enough to find work.

Unemployment varied by census region from a low of 9% in the South Atlantic States to a high of 20% in New England. The Middle Atlantic, Pacific, and Mountain States also had high unemployment rates. Jobs appeared to be somewhat scarcer in large cities than in other areas (17% unemployed vs. 14% elsewhere). While this difference by city size is small, the same trend is seen in the drug-positive sample where unemployment rates were much higher—37% in the large cities and 31% elsewhere. In either setting, unemployment rates were twice as high for the drug positives as for the general sample.

The area with the highest proportion returning to school was the West North Central States, where 26% were attending school at least part time.

Arrests

One common concern about servicemen's use of drugs in Vietnam was that it would lead to crime on return to the States. In fact, a considerable number of these men reported arrests since their return. Seventeen percent of the general sample had had an arrest for an offense other than traffic in this short period, and an additional 4% had had traffic offenses only (Table 8.4). The offenses had not, however, been predominantly of the kinds likely to result from narcotic addiction, i.e., either a narcotic offense or a property offense committed to obtain money for drugs. The most common offense had been drunk offenses, reported by 9% of the men, with assorted other conduct offenses next more frequent (5%). Drug offenses were reported by 4% (17 men), but only one of these was for narcotics, and only 1% had been arrested for theft in this interval since return. Crimes of violence (fighting, murder, manslaughter, rape) led to arrest for 2%. Only one of these arrests involved a death, indicating an absence of the gang violence that might suggest involvement in the drug underworld.

There was no excess of arrests among blacks. In fact somewhat more of the whites reported arrests, but differences were not significant. The same patterns were found for men drug positive in Vietnam, where the excess of white arrests was statistically significant. For both races, the drug positives' arrest rate was about twice the general sample's rate.

Risk of non-traffic arrest appeared no higher in large cities than elsewhere. Indeed, the small difference was in the opposite direction (17% outside large cities vs. 13% in). Arrest rates were especially high in the South, East South Central, South Atlantic areas, and on the West Coast.

It is well known that young offenders tend to be recidivists. Can the high rate of arrests be explained simply by offenses committed by young men in trouble with the law before they ever went to Vietnam? In Table 8.5, it is apparent that men with arrests before service had somewhat higher arrest rates since their return from Vietnam, but the correlation between pre- and post-service arrests is low. Even among men who reported no pre-service arrests, 16% were arrested for non-traffic offenses within the short period since their return.

TABLE 8.4
ARRESTS SINCE VIETNAM

	General Sample (451)	Drug-Positive Sample (469)
Arrests		
Any	21%	35%
Non-traffic	17	30
Traffic only	4	5
Offenses:		
Drugs	4	9
Drunkenness	7	8
Probably alcohol related	2	4
Theft	1	4
Bad checks	0	1
Fighting	2	3
Concealed weapon	*	1
Conduct	5	9
Moving traffic	4	4
Murder or manslaughter	*	*

*Less than 0.5%.

TABLE 8.5
TURNOVER RATES IN ARRESTS
(General Sample, N = 451)

	Number of Arrests Before Service		
	None (311)	1-2 (102)	3+ (38)
Arrests since Vietnam			
None	81%	75%	66%
Traffic only	3	4	13
Non-traffic	16	21	21
	100	100	100

$\chi^2 = 5.71$, $df = 2$, $p < .10$ (combining traffic and non-traffic arrests since Vietnam).

Agency Assistance: VA and Others

In their efforts to readjust to the civilian world, these veterans have sought aid from a number of sources. Somewhat more than half (55%) have been to an employment agency or social agency for help in finding a job. (The VA is not often thought of as a source of employment counseling. Only 22% mentioned this function when asked what VA services they knew of.) Wherever they went, efforts by agencies to find them jobs were not particularly effective. Only 12.5% of the sample actually found a job through an agency. When that did happen, the responsible agency was almost always the State employment agency. Private agencies found jobs for only 2% of the discharges, and the VA for 1%. The batting average of successful placement of those who sought help was about 25% for private agencies and 19% for public agencies.

Advice about further education had been sought by over half the men (58%) released from service. Educational assistance was the area most associated with the VA in the minds of soldiers—84% mentioned tuition aid when asked to list VA services, and one-third of the discharged men had turned to the VA for educational advice. The next most important source of educational information was vocational schools, which provided information to about one in seven.

About one out of six (18%) of all the discharged men had received some financial support from the VA in continuing their education since they returned. This was by far the major area of contact with the VA. Half as many had disability benefits (9%), and 3% had received medical or dental benefits. None of the general sample receiving VA medical care had been treated for drugs; however, a few of the drug positive sample had. Extrapolating from the drug positive sample to the total population of September returnees, we would estimate that in the first 8 to 12 months after return 0.3% of all returnees had received treatment for a drug problem in a VA hospital (3.8% of the drug positives, who constitute 8.2% of the general sample of returnees). Since the expected number of cases in the general sample would be only one (0.3% of 451), it is not surprising that we did not find any.

Psychiatric Treatment

Almost 8% of the general sample had had treatment for psychiatric problems since discharge. This seems an unusually high rate for young men discharged for an average of only 7 months. Two percent reported that they had been to a VA clinic or hospital about "nerves" or depression. VA hospital records were found for 8 men, and two of these had been given a psychiatric diagnosis. Most of the psychiatric care since discharge had been from private doctors, with care commencing an average of 3 months after discharge. In all, 4% reported having seen a private doctor about psychiatric problems.

While some of the psychiatric care occurred in men who had had no previous treatment, having had care in service predicted care after release. One-fifth of the men who reported having seen a psychiatrist while in Vietnam had sought care since their release from service. Men who never required psychiatric care in service had seen a doctor for nervous problems or depression since their release in 6% of cases.

Depressive Symptoms

While we did not ask what symptoms led to seeking a physician's care for psychiatric problems, it is likely that most of the care was for depressive symptoms. Of men discharged from service, 7% reported what sounds like a full-blown depressive syndrome: chronic sadness of several weeks' duration plus three or more of the following persistent symptoms: trouble sleeping, weight loss, fatigue, suicidal thoughts, worry about insanity, and crying spells. Of these, 32% had sought a physician's care (Table 8.6). Among men with fewer persistent depressive symptoms, 9% had sought care; among men free of persistent depressive symptoms, 4% had sought care.

The frequency of depressive symptoms occurring within a 10-month period for normal young men is unknown. Yet these figures seem surprisingly high, particularly when one looks at the more pathognomonic symptoms: 9% report having had suicidal thoughts and the same proportion have thought they might be losing their minds. Twenty percent claim sufficient anorexia to account for more than an 8-pound weight loss.

TABLE 8.6

DEPRESSION AS A FACTOR IN PSYCHIATRIC CARE

(Discharged General Sample, N = 368)

		% Treated for Nerves or Depression Since Discharge
Depressive syndrome	(25)	32%
Depression of several weeks' duration but fewer than 3 other symptoms	(122)	9
No persistent depression	(221)	4

and 19% report insomnia lasting several weeks. Yet according to Borus (see page 46), the rate of seeking psychiatric care in service was no higher for Vietnam veterans than for other soldiers. Perhaps his study's 5-month period of observation while still in service was not long enough to detect most efforts to get help for these symptoms, since, in our sample, only half the veterans who sought care within the period after return had done so by the fifth month.

Depression, unlike drug use, showed a positive relationship to combat experience in Vietnam. Eleven percent of the combat troops reported a depressive syndrome after return, compared with only 3% of men without significant combat experience in Vietnam ($p < .003$).

The occurrence of a depressive syndrome was even more sharply associated with post-Vietnam problems than with combat experience, particularly with the use of barbiturates, drinking problems, divorce, and unemployment (Table 8.7). Whether men remained in service or were discharged did not make a significant difference (10% vs. 7%).

Post-Vietnam Problems and Length of Time in Civilian Life

While all discharged men had been back from Vietnam approximately the same length of time, they varied considerably in how long they had been released from service at the time of interview. The average time out was 7.25 months, but varied from just a few days to about one year. Some events, like taking a civilian job, can occur only after discharge, while others, like heavy drinking, can occur both in and out of service. To learn how the length of time since discharge affected the likelihood of various events having occurred, we looked at the incidence of events as related to time out for the drug positives. Drug positives were chosen because they had high incidences of problem outcomes. Believing that he drank too much after return was not time-related; probably because drinking behavior after discharge was continuous with drinking behavior before discharge. We had expected civilian arrests to be related to time since release, but they were not. Men on active duty do get arrested by civilian police.

Entering school showed a bimodal pattern, reflecting the fact men not released from service immediately on their return from Vietnam in September could not enroll until the following semester. Application to employment agencies showed no relationship to length of time out. This probably is a function of policies regarding unemployment insurance for veterans--to qualify they must apply at the State Employment Service. They ordinarily do this shortly after release. The chances of getting psychiatric treatment seemed to increase with the time out of service although the small numbers who sought care produced a somewhat irregular pattern. The outcome most clearly related to length of time since discharge was finding a full-time job. The proportion still unemployed drops from 50% of those who had been out of

TABLE 8.7

SIGNIFICANT CORRELATES OF DEPRESSION IN MEN RETURNED FROM VIETNAM

	Percent With		
	Depressive Syndrome*	Possible Depressive Syndrome†	Total Depressed Several Weeks
Post-Vietnam Outcomes			
Marital Status			
Separated or divorced (38)	18%	39%	76%
Single (228)	7	22	42
Married (183)	5	11	26
Employment and/or School			
Neither (56)	16	36	59
Part-time (28)	0	14	36
Full-time (283)	6	17	36
Arrests			
Non-traffic (77)	13	26	56
None or traffic (374)	6	18	35
Drinking			
3+ alcoholic symptoms (35)	23	43	63
Heavy drinkers (206)	8	18	44
Light and non-drinkers (210)	4	8	29
Drugs			
Barbiturates (52)	27	46	65
Narcotics (43)	16	37	63
Amphetamines (87)	15	31	54
Marijuana only (103)	9	21	42
None of these (244)	3	13	30

*Period of several weeks of feeling depressed, blue, or down in the dumps, plus 3 or more of the following: 1) trouble sleeping for several weeks, 2) anorexia with weight loss of 8 lbs. or more, 3) tired or not able to get going for several weeks, 4) thinking about dying or harming yourself, 5) worried about losing your mind, 6) crying spells.

†Several weeks' depression plus one or more of the 6 symptoms above.

service less than three months, to 42% of those out three to five months, and stabilizes at between 20 and 25% of those who have been out 6 months or more. Because of this strong relationship between time since discharge and unemployment rates, when seeking correlates of unemployment in Chapter 10, we will confine the analysis to men released at least 6 months before interview.

These relationships between time since discharge and outcomes suggest that a somewhat longer period of follow-up would not have shown increased use of employment services nor much change in the jobless or arrest rates. We would expect to find increasing resource to psychiatric treatment.

CHAPTER 9

DRUG USE AFTER VIETNAM

Prevalence of Various Types of Drugs

After Vietnam, marijuana has continued to be the illegal drug most often used, as it was before service and in Vietnam. It had been used by 45% of the returnees, twice as many as used all the other three types of drugs together (23%). No illegal drug, however, has been used as commonly as alcohol has been abused. Heavy drinking was reported by 53%, with 52% reporting having been drunk in the two months before interview.

Before service, amphetamines had been used more commonly than barbiturates or narcotics; in Vietnam, narcotics had been the drug type used most commonly of the three. After Vietnam, the popularity of the three drugs reverted to their pre-service order, with amphetamines the most common (19%), barbiturates next (12%), and narcotics least (10%).

Use of at least one of these three types of drugs in the 8 to 12 months since Vietnam was about half as common as use had been in Vietnam (Table 9.1). The dropoff in use was greatest for narcotics (78% less common) and least for amphetamines (24% less common). There were many multiple drug users in both periods. Half of the users of any one of the three drug classes had tried more than one class since Vietnam.

TABLE 9.1

DANGEROUS DRUGS USED IN AND SINCE VIETNAM

	General Sample (N = 451)		Drug-Positive Sample (N = 469)	
	In Vietnam %	Since Vietnam %	In Vietnam %	Since Vietnam %
Any drug: narcotics, amphetamines, barbiturates	45	23	97	55
Narcotics	43	10	97	33
Amphetamines	25	19	59	38
Barbiturates	23	12	77	30
Combinations of drug types				
All 3: narcotics, amphetamines, barbiturates	18	6	54	14
Amphetamines and barbiturates	0	3	0	6
Narcotics and amphetamines	6	2	4	7
Narcotics and barbiturates	5	1	23	6
Narcotics only	15	1	15	7
Amphetamines only	2	9	0	10
Barbiturates only	*	2	*	5

*Less than 0.5%.

While men detected as drug positive at DEROS were especially likely to use each class of drug after Vietnam, the same drop in rates of use and shifts in choice of drugs had occurred for them as for the general sample: the rate of use of one or more of these drugs since Vietnam was half the rate in Vietnam (55% vs. 97%); the decrease in use was greatest with respect to narcotics (a 65% drop) and least for amphetamines (a 36% drop). The drug most commonly used by itself had changed from narcotics in Vietnam to amphetamines since Vietnam, and more than half (60%) the drug positives who used a drug since Vietnam had used more than one class of drug.

Heavy Narcotics Use After Vietnam

We had found that in Vietnam, most narcotics users were frequent users (more than once a week over more than a one-month period). Use in the United States typically was casual rather than frequent. Only about one-third of the users used frequently. (For this calculation narcotics users in both samples were included. Drug-positive men who used after return were more often frequent users (45%); but still much less so than they had been in Vietnam.) Thus not only did any use of narcotics decline markedly with the return to the United States, but frequent use declined even more dramatically. The liability to addiction among users also seemed to decline. About half of all users in Vietnam had become addicted. Among narcotics users after Vietnam, addiction rates dropped to 7% of the users in the general sample and to 19% of all users, including both general sample and drug positives. Of course, the average length of re-exposure to narcotics had been brief, since use began on the average about two and a half months after their return. On the other hand, injection became the common method of administration after return. When men using narcotics weekly or more were asked how they usually took them, 63% said they usually injected. Even men who had never injected in or before Vietnam usually injected after their return. Nonetheless, addiction developed less often here than it had in Vietnam.

Use without addiction, if not simply a temporary phenomenon due to the brief period since return, seems to support the opinion of one in four veterans who thought that some men could use narcotics in the States without losing control.

The Strength of Deterrents to Narcotic Use in the States

There are some obvious reasons why narcotics could be expected to be used less on return to the States than in Vietnam: narcotics in the United States were less pure and more expensive, and therefore usually required administration by injection; family and friends were present in the States to disapprove the use of narcotics; the loneliness and danger of the Vietnam situation had ended.

To learn whether these reasons were the ones actually important to the men, we asked two questions: 1) After your experience in Vietnam, do you feel that using heroin in Vietnam is OK? and 2) Do you feel that using it in the States is OK? We followed both questions with a request for reasons. Almost all soldiers felt heroin was unacceptable both in Vietnam and back home. Although one-third of the soldiers did try heroin in Vietnam, only 7% thought its use in Vietnam was acceptable. Even among the men detected as drug positive at DEROS, most of whom had used heroin regularly over a period of more than 6 months and been addicted to it, only one-fifth thought that using it in Vietnam was acceptable.

When asked about using heroin in the States, acceptance dropped even further. Only 3% thought it was acceptable, whether or not they had been detected as drug positive at DEROS.

While fear of addiction was a common reason for believing that use of heroin was not all right, both in Vietnam and in the United States, other reasons offered differed somewhat when the men considered the United States as compared with Vietnam. Two deterrents operating primarily in the U.S. were risk of arrest and expense. Two mentioned primarily as deterrents from use in Vietnam were fear of endangering the lives of others through drug-engendered carelessness and unreliability on the job. The deterrents to use in the U.S. seem somewhat less altruistic than those in Vietnam, presumably reflecting the greater interdependence required by a war situation.

Do attitudes toward narcotics and practice coincide? Men who actually did use narcotics after they returned to the United States differed only slightly from those who stopped it on leaving Vietnam in their

beliefs about whether heroin was OK to use in the U.S. and whether some people could control their use in the U.S. (Table 9.2). Among users after return, 7% thought it was OK to use, as compared with 3% of those who gave it up, and 41% of the users thought some people could control its use in the States, as compared with 26% of those who gave it up. However, even among the men who used heroin after their return, the vast majority disapproved of it and a majority did not believe its use was controllable. For users and non-users alike, addiction and resulting crime were seen as major drawbacks. There were no attitudes or beliefs about heroin significantly related to the decision to continue it or stop it.

Drinking and Narcotics

We reported that in Vietnam men who continued heavy drinking were less likely to take up heroin. This was not the case after Vietnam. Among men who drank heavily after Vietnam, 15% also used narcotics. Among men who did not drink heavily, only 3% used narcotics.

The association with heavy drinking was less dramatic for other drugs, but in the same direction. Amphetamines or barbiturates, but not narcotics, were used by 16% of the heavy drinkers and by 10% of those who did not drink heavily after Vietnam.

Thus after Vietnam, two drug use patterns that we had noted before service reappeared: amphetamines were more commonly used than barbiturates or narcotics, and heavy drinking was associated with illicit drug use.

Availability of Heroin

If narcotics were used after return, their use generally began within the first 4 months, with the median date of commencing between the second and third month. This two-month wait before

TABLE 9.2

DO ATTITUDES AFFECT CONTINUATION OF VIETNAM NARCOTIC USE AFTER RETURN?

	Vietnam Narcotic Users			
	General Sample		- Drug Positives	
	Continued After Return (43)	Did Not (153)	Continued After Return (157)	Did Not (312)
OK to use in the U. S.	7%	3%	6%	2%
Some people can control use in U. S.	41	26	41	31
Reasons heroin not OK				
Addiction	33	25	18	17
Expense	33	20	36	30
Leads to crime	26	25	36	31
Hurts health	21	18	15	18
Makes you irresponsible	12	15	13	11
Death by overdose	12	8	7	7
Makes you aggressive	5	9	8	9
People disapprove	0	5	5	5

*p < .05 for both samples. All other comparisons not significant.

recommencing did not seem to be caused by any difficulty in locating a source of supply in the States. Those who learned a source of narcotics were asked how soon after return they learned one—62% did so within the first week they were back, and 81% within the first month. Most of these men were still in service at that time.

After return to civilian life, opportunities to purchase narcotics did not dwindle significantly. Asked in interview whether they still knew a place to get narcotics, 94% of those who had learned any place since their return claimed that they could still buy narcotics if they wished. More than half (62%) claimed they knew a place not 10 miles away.

Overall (including users and non-users), 38% of the returnees claimed to know where to buy heroin at time of interview. Men who lived in large cities found heroin only slightly more accessible than men in smaller places (42% vs. 37%). Lowest availability was in the Mountain States, where only 17% knew where to buy heroin. Throughout the country, 25% thought they could buy heroin within 10 miles of their home. This figure was fairly stable nation-wide, with highest rates in the Middle Atlantic (36%) and East South Central States (45%), and lowest in the Mountain States (12%). Large and small cities were little different (30% in large cities vs. 24% in smaller places).

The Geography of Narcotics Use

To study the effect of geography on narcotics use after Vietnam, we compared regions to which at least 20 men returned after discharge. Men still on active duty have been excluded because availability of narcotics on army posts may not follow the local pattern.

The geographic distribution of narcotics use has leveled out following the return from Vietnam, and is now virtually indistinguishable between regions (Table 9.3). This is consistent with the high availability of narcotics reported by men in all parts of the country. Unless geographic differences in use have disappeared for the country as a whole in the last two years, returnees apparently have not entirely readopted local practices.

TABLE 9.3

NARCOTICS USE BY REGION OF RESIDENCE

(Of regions including more than 20 men in the General Sample)

	Narcotic Use by Residents			
	Before Vietnam		After Vietnam (Discharged Men Only)	
	N	%	N	%
Pacific	(65)	17	(49)	10
West North Central	(40)	15	(39)	8
East North Central	(109)	8	(102)	8
South Atlantic	(84)	7	(54)	11
Mid-Atlantic	(47)	4	(38)	8
West South Central	(43)	3	(32)	9

Experiences in and Before Vietnam That May Have Affected Later Use

a. The DEROS screening program

Men positive at the DEROS screen were placed in treatment for detoxification before their return home, in the hope that they would be less likely to start using drugs again after their return. We noted in Chapter 6, that treatment prior to DEROS in Vietnam showed no noticeable effect on whether or not a man would be caught at DEROS. But being caught and detoxified at DEROS might be expected to have a more lasting effect, since the man would be leaving Vietnam immediately after treatment and so not again exposed to the situation in which he had been using drugs.

The difficulty with attempting to evaluate the effect of detoxification is that the men caught and treated were more dependent on narcotics than those who escaped detection. Since degree of dependence in Vietnam was an excellent predictor of use after Vietnam, chances of receiving treatment are confounded with the effects of treatment. To compensate as best we could for this confounding, observations were limited to men highly dependent on drugs in Vietnam as measured by their report of addiction, the regular use of narcotics for more than a month, classic withdrawal symptoms lasting for two days or more, and injection or sniffing of heroin rather than smoking it. Men detected at DEROS and subsequently detoxified were no less likely to use narcotics after return than equally dependent men who were not detected (Table 9.4). Heavy use of narcotics was somewhat more frequent in those who had been detected at DEROS, but there was no difference in whether use continued up until time of interview. We cannot rule out the possibility that the beneficial effects of detection and detoxification have been obscured by the fact that men detected at DEROS have, by the very fact of using drugs just before their scheduled departure, shown a liability to continue drugs after return. But surely these data provide no evidence that later use, and more importantly, later heavy use of narcotics, was deterred by detoxification at DEROS.

There are some who argue that identifying men as drug abusers in order to treat them not only does not help them but is positively harmful, since it stigmatizes them in their own eyes and in the eyes of society. The evidence for this point of view in our data is as poor as the evidence that treatment helped,

TABLE 9.4

DID DETECTION AND DETOXIFICATION AT DEROS DETER CONTINUED NARCOTICS USE?

(General Sample with 5* symptoms of
narcotic dependence while in Vietnam)

	Level of Narcotic Dependency in Vietnam			
	4 Symptoms		5 Symptoms	
	Detected (17)	Not Detected at DEROS (26)	Detected (20)	Not Detected at DEROS (18)
Narcotic Use After Vietnam				
Any use	35%	35%	50%	39%
Heavy use	16	8	25	6
Current use	6	4	10	11

*Those with milder dependence are omitted because only 6 men with fewer than 4 symptoms of dependence were detected at DEROS.

since there was little difference in later use, whether or not the man was detected and labeled as a drug abuser.

b. *Injection*

To use heroin after return to the United States, injecting it was almost mandatory. As might then be expected, prior experience with injection was strongly related to the chances of using narcotics after return. But a history of injection *before* entering service was a much more powerful predictor of narcotic use after return than was injection in Vietnam (Table 9.5). Almost three-quarters of drug-positive men who had injected narcotics before they went to Vietnam also used after their return, compared with only one-fourth who first injected in Vietnam. Drug positives who used without injecting in Vietnam almost all (91%) discontinued their narcotic use on return to the States, even though most were using heroin right up to departure. (The drug-positive sample was used for this analysis to obtain sufficient cases with experience with injection.)

c. *Addiction just before departure*

In Table 9.1 we noted that 33% of the men detected as drug positive at DEROS used some narcotics after their return to the States, and in the Interim Report we found that only 7% of them became readdicted after their return.

While most of this drug-positive sample claimed to have been addicted at some time during their Vietnam tour, not all of them were actively addicted at DEROS. A few claimed they were no longer using narcotics then, and more claimed that they easily could have stopped using narcotics but either did not care whether or not they got caught, did not realize that the particular narcotic they were using was detectable, thought they could beat the test, or had too little advance warning to stop in time.

The low readdiction rate found on return to the States gets its most severe test in cases actively addicted just before departure. Men who explained their using narcotics just before departure by being too addicted to quit are such a group of active addicts. Among the 506 men in both samples who reported using narcotics regularly in Vietnam, 134 (26%) said that they had been using narcotics at DEROS either because they could not stop or because they knew they needed help and wanted to be caught. Of these, 96% actually were caught. Remission after return to the States for these men was more likely to be attributable to a change in setting than to detoxification at DEROS, since three-fifths of them had been treated unsuccessfully previously in Vietnam.

TABLE 9.5

INJECTION OF NARCOTICS BEFORE, IN VIETNAM
AS A PREDICTOR OF LATER USE

(Drug-Positive sample admitting narcotic use
in Vietnam, N = 454)

		% Using Narcotics Since Vietnam
Injection of Narcotics		
Injected before and in Vietnam	(22)	73%
Injected only in Vietnam	(163)	26
Used in Vietnam, but no injection	(266)	9

TABLE 9.6

**ACTIVE ADDICTION AT DEPARTURE FROM VIETNAM
AND DRUG USE AFTER RETURN**

(Men from either sample using regularly 6 months plus)

	Men Reporting Active* Addiction at DEROS (134)	Other Regular Users for 6 Months plus in Vietnam (372)
Narcotics After Vietnam		
Any use	50%	31%
Heavy use	22	13
Addicted	14	4

*Said using narcotics at time of DEROS test because unable to quit or seeking treatment.

Half of these men, all of whom were certainly psychologically dependent on narcotics and most of whom were probably physiologically dependent, used no narcotics at all after their return to the States, and only 14% became readdicted (28% of those who used any narcotic after their return). While 14% is a readdiction rate twice as high as that for *all* men detected as drug users in Vietnam, it is still remarkably low compared to remission rates in the States for men identified as actively addicted in hospitals and clinics. Not only did few become readdicted to narcotics after return, but 72% said they were having no problems at follow-up attributable to drug use.

d. *Other predictors in the military experience*

To see how injection compared with other aspects of the service experience in predicting narcotic use after return from Vietnam, we allowed it to compete with other variables in the two-step multivariate analysis described above (p. 21f). We found injection in Vietnam to be the strongest of all in-service predictors of later use (Table 9.7). Having injected almost quadrupled the chances of later use (from 9% to 32%). Other variables predicting very high levels of use after Vietnam were dependence on narcotics in Vietnam and especially before arrival in Vietnam, and the heavy use of barbiturates as well as narcotics in Vietnam. Prolonged use of narcotics, heavy use of amphetamines, and being of low rank also predicted continuing use.

Whether a man received treatment for his drug problem in Vietnam and whether he was detected as drug positive at DEROS and thus entered the detoxification program were not selected as predictors of later narcotic use by the multivariate analysis programs. While we again note that this was not a treatment study, this finding does tend to reinforce our previous impression that treatment for drugs in Vietnam was at least not a powerful deterrent to future use. We remarked earlier that any beneficial effect of treatment would have been obscured if treated cases were the more seriously addicted cases. In this multivariate analysis, two variables, probably closely related to seriousness of addiction were selected as important—prolonged use and injection. Even with these variables held constant, treatment did not emerge as a potent predictor of later use.

The measures of drug and other experiences in service selected by the computer to predict post-Vietnam drug use explained 31% of the variance (multiple $R = .56$).

TABLE 9.7

IN-SERVICE PREDICTORS OF NARCOTICS USE AFTER VIETNAM

(MCA, combined samples with drug positives weighted to their proportion in General Sample)

Overall Proportion Using: 9%	
Percent of Variance Explained: 31%	
Predictors in Order of Size of Contribution to Multiple Correlation	Deviation from Overall Proportion, Holding Other Variables Constant
Injected narcotic in Vietnam	Yes: +23% No: -2
Indices of dependence on narcotics in Vietnam	4 or 5: +10% Less: -2
Heavy barbiturates in Vietnam	Yes: +12% No: -1
Dependence on narcotics before Vietnam	Any: +28% None: 0
Used narcotics for more than 6 months in Vietnam	Yes: +5% No: -1
Heavy use of amphetamines in Vietnam	Yes: +9% No: -1
Rank	Sp4 or less: +2% Sp5 or higher: -2

e. Experiences before service associated with post-Vietnam use

To see whether narcotic use after Vietnam could have been predicted from knowing the nature of the man before he entered service, without reference to his exposure to drugs while in Vietnam, we entered the variables describing the men before induction into the same type of multivariate analysis procedure (Table 9.8). Experience with narcotics before service was the best predictor of use after service. Other pre service predictors were dropping out of school, heavy use of any drug, and drinking. The best predictor that a man would not be a drug user was that he was 22 or older in 1968, the last year as a civilian for most of these veterans. The importance of the age variable was twofold—it reflected passing through the age of highest risk of beginning drugs before the drug epidemic in the late 1960's, and an ability to conform to Army regulations. Most of the older veterans had entered service years before their last Vietnam tour. If they had not been men who abided by regulations, they would not have remained in service long enough to be sent to Vietnam in 1970.

Pre service predictors were less powerful than in service predictors (15% of the variance explained vs. 31%), showing that the service experience contributed directly to narcotic use after Vietnam. If the pre-service variables had been as powerful or more powerful than the Vietnam indicators, we might suspect

TABLE 9.8

PRE-SERVICE PREDICTORS OF NARCOTIC USE AFTER VIETNAM

(MCA, combined samples with drug positives weighted to their proportion in General Sample)

Overall Proportion Using: 9%	
Percent of Variance Explained: 15%	
Predictors in Order of Size of Contribution to Multiple Correlation	Deviation from Overall Proportion, Holding Other Variables Constant
Narcotic injected	Yes: +15% Use, without injection: -4 No use: -3
High school dropout	Yes: +7% No: -3
Age in 1968	18 or less: +4% 19-21: -2 22+: -6
Heavy or multiple drug use	Yes: +9% No: -1
Heavy marijuana	Yes: +7% No: -1%
Truant	Yes: +6% No or last school year only: -1

that in-service behaviors were correlated with post-Vietnam narcotic use only because both were influenced by the same pre-service histories.

We will find in Chapter 11 that the overall rates of drug use before and after Vietnam were much the same, but that there had been a considerable movement of individuals from user to non-user status, and vice versa. This had not been a random shifting of individuals. The experience in Vietnam was important in predicting which individuals would return to their pre-service drug behavior and which would not. A detailed analysis of this turnover of drug use patterns in the three time periods, before, in, and after Vietnam, will be found in Chapter 11.

f. *Prediction of heavy narcotic use since Vietnam*

In the previous section, we have looked for predictors of any use of narcotics after Vietnam. Many who used narcotics did so only occasionally and did not feel that their use had harmed them. The group of

much greater concern is that third (32%) of the users who since their return used narcotics regularly and either were readdicted or in danger of becoming readdicted.

To discover the variables best able to distinguish regular from casual users, we put together for multivariate analysis variables from before service and in service. It should be remembered that all the men being investigated here had used narcotics in Vietnam. There was no user of narcotics after Vietnam who had not also been a user in Vietnam. The best predictors of heavy use after Vietnam among men who continued the use of narcotics after their return were injection before Vietnam (Table 9.9) and having parents with drinking problems, arrests, or drug use. Injection before Vietnam was the single best predictor of heavy use after Vietnam. The best predictor of being able to use narcotics occasionally without

TABLE 9.9

PREDICTORS OF HEAVY NARCOTICS USE AMONG 189 WHO USED AFTER VIETNAM
(MCA, combined samples with drug positives weighted to their proportion in General Sample)

Overall Proportion Using Heavily: 32%	
Percent of Variance Explained: 25%	
Predictors in Order of Size of Contribution to Multiple Correlation	Deviation from Overall Proportion, Holding Other Variables Constant
Parent(s) alcoholic, arrested or drug user	Yes: +20% No: 9
Problem drinker before service	No: +8% Yes: 13
Injected before Vietnam	Yes: +27% No: 3
Enlisted Draftee or career soldier	+5% 11
Known to Army as user in Vietnam	Yes: +6% No: 9
Heavy amphetamine use in Vietnam	Yes: +5% No: 3
Heavy drug use before service	2-3 heavy drugs: +16% 1 heavy or none: 1
Dependent on barbiturates before service	Yes: +11% No: 0

becoming a heavy user was having been a problem drinker before Vietnam! It is not immediately obvious why early problems with alcohol would protect narcotic users against heavy use. The amount of variance explained by these predictors is moderately high: 25% (multiple R = .50).

g. *Experiences after Vietnam: Army drug treatment*

Men who had been detected as drug positive at DEROS and who still had time left to serve after return were often placed in drug treatment programs for rehabilitation. Men who had completed their service obligation had, by law, to be immediately released. The Army was uneasy about releasing these men without treatment, and later, by Presidential directive, the regulations were changed to permit keeping them in service for 30 days of treatment beyond the expiration of their terms. Comparing men who did receive treatment with those who did not at a time when treatment was not mandatory for all provides an opportunity to study the effect of treatment on outcome.

While drug positive men could not be detained beyond the expiration of their service obligation for treatment, they could be held to complete their full terms if it was thought necessary to treat them, instead of releasing them early. (Men with only a short time to serve after their return were often released early rather than reassigned.)

To see whether keeping men in the Army beyond the time they would have otherwise been discharged in order to treat them seemed helpful, we compared narcotic use after treatment with its use by untreated men who had also been detected as drug positive at DEROS. We restricted the comparison to men in service more than a week after their return from overseas, so that all had time to enter treatment. We note first that receiving treatment was related both to having been dependent on narcotics in Vietnam and to reporting use of drugs in the last three days before DEROS (Table 9.10). Of those detected as drug positive who reported both dependence and using drugs just before DEROS (the "still dependent"), 54% were treated by the Army after return to the United States. Presumably, treatment was instigated for this group because of their marked withdrawal symptoms during DEROS detoxification. Of those who admitted dependence on narcotics in Vietnam, but did not report using any drugs shortly before departure ("prior dependent"), 41% were treated after their return. Of those who claimed they had never been dependent ("nondependent") and therefore should not have shown withdrawal symptoms even though their urines were positive, 23% were treated. Comparing narcotic use in the States for those who were treated and untreated after return, and those three non-user histories in Vietnam, we find slightly more narcotics use after return in the "still dependent" group (49% vs. 37% of the treated) but differences were not statistically significant. Among the "prior dependents," the treated cases had the higher rate of later relapse (43% vs. 31% of the untreated). Among those who claimed no dependence in Vietnam, rates of relapse were about the same (23% vs. 21% of the treated).

It is difficult to see what advantage to having been placed in an Army treatment facility after return from Vietnam there might be. It is possible that if we knew the dates at which treatment had been entered, we could have found more favorable results. Because we do not have these dates, we are not sure that the treatment was a result of a man's using drugs just before he returned to narcotics. Treatment that was a *result* of a man's using narcotics just before he returned is not the best treatment when we are looking at the effects of treatment on relapse rates. The only way to do a good follow-up study of cases randomly assigned to treatment or release would be to put each man in a drug treatment facility, where the man will inevitably receive treatment, rather than simply releasing him to his home environment, given our knowledge that the probability of relapse after treatment that readmission was rare after return home suggests that conditions in the home environment of home environment to refrain from use may be as effective a treatment as any other method currently has to offer him.

With all this, we were not able to show much in the way of evidence for the effectiveness of treatment in the Army, other than in Vietnam. Since the men were in general satisfied with the treatment they got, I've thought had no suggestions to offer for improved treatment. Those who did offer suggestions mostly criticized the attitude of treatment personnel. They felt they were being handled without dignity, treated as a punishment. Some complained about not getting more individual care from psychiatrists.

TABLE 9.10

**ASSOCIATION OF ARMY TREATMENT AFTER RETURN WITH POST-VIETNAM NARCOTIC
USE, CONTROLLING ON DEGREE OF INVOLVEMENT WITH NARCOTICS IN VIETNAM
AMONG MEN DETECTED AS POSITIVE AT DEROS**

	Drug Positive Men Remaining in Service More Than One Week					
	Dependent in Vietnam and Used Within 3 Days of DEROS		Dependent in Vietnam Claims No Use in Last 3 Days		Claims Never Dependent	
	N	%	N	%	N	%
Proportion Treated*	186	54	76	41	72	32
Proportion Using Narcotics						
If treated	100	37	31	48	23	13
If untreated	86	49	45	24	49	16

*p < .005.

Other criticisms were scattered. When asked what kinds of care they might want in the future, few wanted any, and those who did specified only counseling or group therapy to help them get off or stay off drugs. Only one subject said he needed to go into a hospital, and only one said he needed to enter a methadone program.

CHAPTER 10

THE ASSOCIATION OF DRUG USE WITH POST VIETNAM ADJUSTMENT

In addition to drug use after their return, Vietnam veterans were found to have a number of other problems: excessive drinking, chronic pain, anxiety, depression, and psychiatric care. This chapter will ask to what extent these problems were associated with drug use. We will first investigate whether the men themselves saw any connection between using drugs and having problems after Vietnam. We will then seek correlations between post-Vietnam problems and drug use preceding return and since return from Vietnam. It is important to keep in mind that there may not be objective evidence for an association between drugs and problems, but only greater than the association the men themselves see between them.

Opinions About the Role of Drugs in Post-Vietnam Problems

Men who used narcotics in Vietnam were asked: "Are you having any problems that you think might be due to having used drugs?" Only 12% thought they were having drug-caused problems. Those who continued narcotic use after their return felt they were having problems in 23% of cases, while only 6% of those who had stopped all drug use on their return to the States reported problems stemming from their use in Vietnam. Men who had shifted from narcotics to amphetamines or barbiturates after return reported no more trouble than men who had stopped using all of these drugs—7%, although men who gave up narcotics in favor of marijuana reported difficulties in 12%.

When asked which problems they associated with drug use, the men mentioned chiefly psychological or psychiatric difficulties—worry, preoccupation with drugs, trouble thinking clearly, flashbacks, and nightmares. They seldom mentioned unemployment, crime, or divorce spontaneously as drug-related problems. We asked men who had used narcotics in Vietnam and had since been divorced or separated whether they thought their drug use had played a part in that breakup. Only 5% thought it had. We asked men who had used drugs since their return and had also been arrested whether drugs had played a part in their arrest. Only 30% thought drugs had played a role.

Correlations Between Drug Use and Adjustment Problems

Whether or not the men always perceived a connection between their drug use and post-Vietnam adjustment, there was a striking association between having used narcotics in and after Vietnam and post-Vietnam outcomes. In Table 10.1 we find that men who used narcotics in Vietnam had significantly more arrests, more psychiatric treatment, more unemployment, more divorce, and a tendency toward more alcoholism and depression than non-users after their return to the States. Narcotic users after Vietnam had even higher rates of each post-Vietnam problem, and significantly exceeded non-users with respect to all except alcoholism and divorce. This poses a question: Did using heroin in Vietnam lead directly to these problems after return, or were there problems only if the use of narcotics was continued back in the States? Or was a third possibility correct—that narcotic use and post-Vietnam problems occurred together only because the same kinds of people both used drugs and had other problems?

To answer the first question, we need to look at the relation of narcotic use in Vietnam to post-Vietnam problems, holding constant post-Vietnam narcotic use. To answer the second question, we must use multivariate analysis, allowing the drug history to compete with all the non-drug predictors of problems after Vietnam, to see whether drug use or social background and early deviance are the more important predictors.

To learn whether narcotic use in Vietnam had a direct effect on post-Vietnam problems, independent of the continuation of drug use on return, we want to compare men who did and did not use a narcotic in Vietnam, but who had the same kind of drug use after Vietnam. We will have to exclude men who used

TABLE 10.1

NARCOTIC USE IN AND AFTER VIETNAM AND LATER PROBLEMS

(General Sample)

	In Vietnam		After Vietnam	
	Used Narcotics (196)	No Narcotics (255)	Used Narcotics (43)	No Narcotics (408)
Post-Vietnam Outcomes				
Non-traffic arrest	28%*	9%	49%*	14%
Psychiatric treatment	13†	6	26*	7
Depressive syndrome	11	4	16‡	6
Alcoholism	10	6	12	7
Divorce, of those ever married	(84) 29%‡	(137) 15%	(12) 42%	(209) 19%
Unemployed, of those dis- charged at least 6 months	(144) 19%‡	(183) 10%	(26) 38%	(301) 12%

*p < .001.

†p < .01.

‡p < .03.

narcotics after Vietnam, because all of them had used narcotics in Vietnam as well, and thus we cannot divide them into users and non-users in Vietnam. We will also combine post-Vietnam amphetamine and barbiturate users, since only a few who used these drugs had not also used heroin in Vietnam.

When men who did and did not use heroin in Vietnam are compared, holding constant their drug use after Vietnam, differences are not striking (Table 10.2). The only later outcome to which narcotic use in Vietnam was statistically significantly related was arrests. With the exception of arrests, it would seem likely that long-term effects are seen only when narcotic use is continued after return. But soldiers who used heroin in Vietnam were more likely to use all kinds of drugs after their return than other soldiers. Were all drugs used after Vietnam associated with problem outcomes, or only narcotics?

Table 10.3 is limited to men who used narcotics in Vietnam. It shows that men who continued narcotics after their return had higher rates of all post-Vietnam problems other than alcoholism, and statistically significantly higher rates of all problems except depression and alcoholism.

Men who exchanged the narcotics they had used in Vietnam for other drugs after return tended to have slightly higher rates of problems than men who gave up all drugs, but differences are not statistically significant.

Was Vietnam heroin use then related to post-Vietnam outcomes only because without it there was no use of narcotics after return? Two considerations remain: 1) The narcotics users in Table 10.3 include users of other drugs, while users of other drugs exclude narcotics users. Thus we may be confounding the effect of the variety of drugs used with the effect of the type of drug. This may not be an important factor, since we found no significant differences between amphetamine and/or barbiturate users, who could also be using marijuana and thus using up to three different classes of drugs, and users of marijuana alone. In any case, we will shortly assess each drug independently in our multivariate analysis. 2) Narcotics users may include more heavy users of other classes of drugs, and it may be the degree of use rather than the class of drug that is meaningful.

TABLE 10.2

EFFECT OF NARCOTICS IN VIETNAM ON LATER ADJUSTMENT ON LATER USE OF NON-NARCOTIC DRUGS

(General Sample, who used no narcotic since Vietnam, N = 408)

	No Drugs Later		Only Marijuana Later		Amphetamine or Barbiturate Later, but No Narcotic	
	Narcotic in Vietnam (33)	No Narcotic in Vietnam (211)	Narcotic in Vietnam (71)	No Narcotic in Vietnam (32)	Narcotic in Vietnam (49)	No Narcotic in Vietnam (12)
Post Vietnam Outcomes						
Non-traffic arrest*	15% (23)	10% (146)	25% (53)	3% (27)	22% (36)	8% (9)
Unemployed (of those out 6 months plus)	10% (6)	9% (4)	19% (13)	15% (12)	14% (6)	22% (2)
Alcoholic	6	4	13	12	6	2
Psychiatric treatment	12	5	6	9	12	8
Depressive syndrome	3		10	6	14	17
Divorced, if ever married	(14) 7%	(120) 13%	(36) 28%	(10) 40%	(22) 36%	(3) 33%

* χ^2 , Narcotic in Vietnam vs. none, controlling on later use, $p < .01$. All other differences not significant.

TABLE 10.3

POST-VIETNAM DRUGS AND OTHER PROBLEMS AMONG MEN WHO USED NARCOTICS IN VIETNAM

(General Sample, N = 196)

	Post-Vietnam Drug Used			
	Narcotic (43)	Amphetamine or Barbiturate, No Narcotic (49)	Marijuana Only (71)	None (33)
Post-Vietnam Problems				
Perceives drug-related problem*	23%	7%	11%	6%
Non-traffic arrest*	49	22	25	15
Psychiatric treatment*	26	12	6	12
Depressive syndrome	16	14	10	3
Unemployed, of those out 6 months or more*	38	14	19	10
Divorced, of those ever married†	42	36	28	7
Alcoholism	12	6	13	6

*Narcotics users significantly higher than users of other drugs or non-users.

†Narcotic users significantly higher than non-users, only.

To test this latter possibility, we compared heavy amphetamine users who did not use narcotics heavily with heavy narcotics users who did not use amphetamines heavily (Table 10.4). We have included the drug positives to augment the small number of heavy users in the general sample. We found that heavy use of either drug was highly associated with perceiving oneself to have a drug problem, arrests, psychiatric treatment, depression, and unemployment. Slightly more heavy narcotics users than heavy amphetamine users reported each of these outcomes, but there was no statistically significant difference between the two user groups. Amphetamine use was associated with alcoholism, but heavy narcotic use was not. Neither drug was significantly associated with divorce.

While heavy use of both types of drugs was associated with arrests, it has been reported that heavy amphetamine use is conducive to violent behavior. Did amphetamine users have more arrests for violence than narcotics users? When we looked at the particular offenses for which the men had been arrested since their return, heavy users of amphetamines showed no more arrests for violence (fighting, rape, manslaughter, or carrying concealed weapons) than did frequent users of narcotics and barbiturates (Table 10.5). Heavy users of any of these three drugs had more arrests for violence than did men who used no drug heavily or only marijuana. They also had more drug arrests than marijuana users did. Heavy amphetamine users differed from offenders using narcotics or barbiturates heavily only in having fewer theft arrests. All heavy drug users, including those using only marijuana, had more traffic violations than other veterans.

Drug Use as Compared With Other Predictors and Correlates of Outcome

The question we still have not answered is how drug use compares with other predictors and correlates of post-Vietnam problems. Is it an important predictor of post-Vietnam problems, or is it trivial compared with predictors like school completion, parents' problems, race, and arrests before service, low rank and discipline problems in service? Was drug use after Vietnam as highly correlated with the problems in adjustment we have examined as those problems were correlated with each other?

TABLE 10.4

COMPARING CONSEQUENCES OF HEAVY NARCOTIC AND AMPHETAMINE USE SINCE VIETNAM

	Post-Vietnam Drug Use		
	Heavy Narcotics, but Not Amphetamines (56)	Heavy Amphetamines, but Not Narcotics (55)	Neither (764)
Post Vietnam Problems			
Believes he has drug problem	41%	37%	10%
Non-traffic arrest	46	38	19
Psychiatric treatment	30	27	9
Depressive syndrome	32	27	8
Unemployed, of those out of service 6 months plus	48	37	19
Divorced, of those ever married	30	30	26
Alcoholic	7	18	8

*Alcoholism significantly related to heavy amphetamine use, not to narcotics; divorce significantly related to neither. All other problems significantly related to both types of drug.

TABLE 10.5

DO DIFFERENT DRUGS LEAD TO DIFFERENT OFFENSES?

(General and drug-positive samples combined, N = 898)

	Type of Drug Used Heavily After Vietnam				
	Narcotic (79)	Amphet- amine (78)	Barbi- turate (53)	Marijuana Only (218)	None (534)
Arrests for:					
Drugs	25%	22%	23%	8%	1%
Alcohol	11	17	21	11	10
Other conduct	13	9	8	8	5
Theft	11	5	11	2	2
Fighting	6	5	8	2	2
Other violence: manslaughter, rape, concealed weapon	4	1	0	1	*
Moving traffic	9	10	13	7	4

* Less than 0.5%.

To compare drug use as a predictor of problem outcomes with other variables from the pre-service and in-service history, we used the multivariate technique described previously. For each problem outcome, all potential predictors from before service, and then in service were entered into the AID program and those variables selected as the best predictors plus all other strongly associated variables were included in the Multiple Classification Analysis program.

In Table 10.6, those drug behaviors before and in service which were most strongly related to each outcome are shown. Heavy use of each type of drug contributed to at least one post-Vietnam problem. However for alcoholism, heavy narcotic use before service predicted an *absence* of the problem. This was the only negative relationship between an outcome and drugs.

For four of the six post-Vietnam problems, there was *no* predictor stronger than a history of heavy drug use. Only for alcoholism and psychiatric treatment were there stronger predictors, but these were simply having already had the same problem at an earlier period. Narcotic and amphetamine use predicted a post-Vietnam arrest better even than an earlier arrest history did. Clearly then, drug history played an important role in predicting each of these problems.

Each post-Vietnam problem has been treated separately up to this point, but they were highly intercorrelated among themselves. The relationship of drugs with *some* problems might be spurious, accounted for entirely by intercorrelations between that problem and another problem with which drugs were associated. To test this possibility, the same kind of multiple variate analysis was undertaken for each outcome variable, this time including among the "independent" variables each of the other problem outcomes as well as each type of drug used after Vietnam and other aspects of the post-Vietnam experience, such as rank at discharge and type of discharge.

Table 10.7 presents the correlations between the problems. These correlates are arranged in the left-hand column in order of their average χ^2 s among the first four correlates. (Those not among the first four correlates of a given problem were given an arbitrary rank of 5.) We find that depression and alcoholism are the two variables most closely associated with other problems. Depression is the strongest correlate of psychiatric treatment (for obvious reasons, since treatment was sought for the depressive

TABLE 10.6

DRUG EXPERIENCE PREDICTING POST-VIETNAM PROBLEMS

(MCA analysis, combined samples with drug positives weighted to their proportion in General Sample)

	Overall Proportion	Increment Attributable to Use* of This Drug In or Before Vietnam				Any Better Non-Drug Predictor?
		Narcotic	Amphetamine	Barbiturate	Marijuana	
Post-Vietnam Problems						
Arrest	16%	+13%	+18%			No
Psychiatric treatment	8				+5%	Yes†
Depressive syndrome	7	+16	+4	+13%		No
Unemployment (of discharged)	16	+16				No
Divorce, of those married	17	+11			+26	No
Alcoholism	8	-19			+5	Yes‡

*Increments are based on that measure of drug use producing the strongest relationship. In all cases it was heavy use, dependence, or detection that best predicted outcome, never simple use.

†Better predictors: psychiatric treatment in Vietnam, bad discharge. Equally good: parent arrested.

‡Better predictors: alcohol problems before or in Vietnam.

symptoms) and alcoholism, and the third ranking correlate of unemployment. Alcoholism is the strongest correlate of arrests (arrests for drunkenness were the most common type of arrest reported), and second ranking correlate of depression and divorce. The third, fourth, and fifth strongest correlates are drugs, with narcotics the drug most strongly associated with other problems, and amphetamines and barbiturates about equal. Narcotic use ranks among the first four correlates for all problems except divorce, although it is negatively correlated with alcoholism. Barbiturates are particularly associated with depression. Marijuana has the least powerful role of any of the drug types, but is associated with divorce and arrest.

Because we do not know which of these problems were preceded by post-Vietnam drug use and which were followed by it, we cannot make any inferences about the direction of influence between post-Vietnam drug use and these problems. Drugs may have caused some and been a response to others. What we can say is that drug users in the post-Vietnam period, and particularly narcotics users, carried a heavy burden of poor social adjustment. When drug use did precede these problems, it probably contributed to them, since multivariate analysis has shown that drug use is not a spurious correlate of problem outcomes.

Heavy narcotic use was the type of post-Vietnam drug use most implicated in other problems. Rare even among men who had used heroin heavily in Vietnam, when it did occur it augured ill: heavy narcotics users were totally unemployed in 49% of cases; had been arrested within a 10-month period in 41% of cases; 17% had sought psychiatric care; and when married, 18% had divorced or separated.

Fortunately most men left their heavy narcotic use behind them when they left Vietnam. But some did not. Many of those who continued heavy use of heroin after their return had used narcotics before going to Vietnam. However, this does not mean that the Vietnam experience was irrelevant to their continuation. Without the Vietnam experience, many of the men who had used narcotics before service would probably have given up these drugs in the normal process of maturation and getting jobs. For men whom the Vietnam experience did not introduce to narcotics, it may well have prolonged and deepened their involvement.

TABLE 10.7

STRONGEST CORRELATES OF POST-VIETNAM PROBLEMS

(MCA analysis, combined samples with drug positives weighted to their proportion in General Sample)

	Rank of Correlates of These Post-Vietnam Problems					
	Depression	Post-Traumatic Stress Disorder	Unemployment	Alcoholism	Divorce	Arrest
Correlates, in order of average rank						
Depression		1	3	1		
Alcoholism	2				2	1
Narcotics	4	4	1	3		3
Barbiturates	1	3	4			
Amphetamines	3	2		4		
Unemployment				2	4	
Arrest					1	
Divorce			2			
Final Army rank						2
Marijuana					3	4

*Correlation is negative. All others are positive.

†Ranks in italics refer to drug use.

CHAPTER 11

SHIFTS IN DRUG USE OVER TIME

We have looked at drug use before service, in Vietnam, and after Vietnam, at the levels of use, the characteristics of the users, the predictors of use, and the possible consequences of use. The purpose of this chapter is to look at changes in drug use over time, in an effort to learn to what extent drug use changes with the setting, and how one drug tends to supplant another when circumstances change.

Among Vietnam veterans interviewed 8 to 12 months after their return in September 1971, 70% had used marijuana at some time in their lives, almost half (45%) had used narcotics, almost as many (40%) had used amphetamines, and 29% had used barbiturates (Table 11.1). At what periods in their lives had this drug begun and at what periods was use most common?

Incidence

Assuming that the average period at risk of initiating drug use before service was about 3 years (i.e., from ages 16 to 19), about one year in service before Vietnam, one year in Vietnam, and .83 years (10 months) after Vietnam, we can calculate annual vulnerability rates for the four types of drugs within these four periods to learn whether vulnerabilities changed with varying settings and whether changes in vulnerability applied to all drugs alike or were drug-specific.

Table 11.1 shows annual rates of initiating use within each setting for men who had not yet used the drug up to entering that setting. Before service, marijuana was the drug with the highest rate of initiation, followed by amphetamines. There was no difference between narcotics and barbiturates before service, with 3% initiating use each year. When men left civilian life for the service, marijuana showed a marked increase in incidence. Men who had not used the other drugs previously continued to initiate use at the same rate as before service. Once they arrived in Vietnam, however, rates of initiating all four drugs increased markedly. The increase in rates of new users was greatest for narcotics, so that it became the second most commonly initiated drug, after having been last both before service and in service previously. However,

TABLE 11.1

ANNUAL DRUG INCIDENCE IN 4 TIME PERIODS AMONG MEN NOT PREVIOUSLY USING*

	Annual Incidence Rates				
	Before Service: 3 Years @	In Service Before Vietnam: 1 Year @	In Vietnam: 1 Year @	After Vietnam: .83 Years @	Total Ever Using (N = 451)
Marijuana	10%	16%	47%	5%	70%
Narcotics	3	3	38	0	45
Amphetamines	6	6	17	5	40
Barbiturates	3	4	16	2	29

*The number of men at risk of first use before service is 451 for each drug. The number at risk in each successive time period is the number remaining who had not yet used the drug at the beginning of that period. This at risk group is the base on which annual percentages are calculated.

there was almost as much increase in marijuana initiation. While the increase in initiations of amphetamines and barbiturates on arrival in Vietnam were only about one-third the increase in users of narcotics, it was still a 3- to 4-fold increase. Thus Vietnam was a time of marked susceptibility to all types of drugs, not just narcotics.

On leaving Vietnam and the military life, rates of introduction to all 4 drug types not only fell below annual rates in Vietnam but also below annual rates before entering service. Indeed, there were no initiations to narcotics after Vietnam. This decrease in drug initiation after Vietnam may be a function of the men's getting older, of a decline in the drug epidemic in this country, of an underestimate of the length of the risk period before entering service, or the effect of the extraordinary ease of obtaining all four kinds of drugs in Vietnam, which simply saturated the market of prospective new users. Susceptibility to marijuana remained high relative to other drugs in all four settings.

It is no surprise that most soldiers (75%) who ever used narcotics were introduced to them in Vietnam. Less expected were the high rates of introduction to other drugs in Vietnam: 49% of barbiturate users were first introduced to that drug in Vietnam, 33% of amphetamine users, and 39% of marijuana users.

Prevalence

The prevalence of a drug in a particular setting is defined as use during that period, no matter how brief. We do not have prevalence figures for marijuana during the Vietnam period. Questions about marijuana use during Vietnam were asked only of men who did not report any marijuana use prior to Vietnam.

Marijuana was the drug most commonly used both before and after Vietnam, and it was the only drug used by more men in the 8 to 12 months since Vietnam than in all the years before service (Table 11.2). Although narcotics were the most commonly used of the other three types of drugs overall, they were the drug *least* commonly used both before and after Vietnam. Narcotics were commonly used *only* during the Vietnam tour.

Amphetamines, barbiturates, and narcotics were all used more commonly in Vietnam than before or after, with the Vietnam excess greatest for narcotics and least for amphetamines. While rates of use after Vietnam were slightly lower than before Vietnam for all drugs except marijuana, it should be remembered that the post-Vietnam period averaged only 10 months, so that comparison of prevalence then with prevalence during the period before Vietnam is comparing a short with a long period. Thus, the subsidence of drug prevalences to below pre-Vietnam levels may not be quite so reassuring as it seems. But certainly drug use dropped markedly, as compared with Vietnam, where men stayed an average of a year, a period reasonably commensurate with the 10 months since Vietnam.

TABLE 11.2

PREVALENCE OF DRUG USE IN 3 TIME PERIODS

(General Sample, N = 451)

	Prevalence Rates			Net Change Before to After
	Before Vietnam	In Vietnam	After Vietnam	
Marijuana	41%		45%	+4%
Narcotics	11	43%	10	-1
Amphetamines	24	25	19	-5
Barbiturates	14	23	12	-2

Prevalence of Regular Use

Perhaps the two most surprising findings of this follow-up of Vietnam veterans were the great decrease in regular (i.e., possibly addictive) use of narcotics after Vietnam and the large proportion of casual users among narcotics users after Vietnam as compared with in Vietnam. While 27% reported regular use of narcotics in Vietnam, only 3% reported regular use since Vietnam. While almost two-thirds (62%) of all users in Vietnam used regularly, only 35% of the post-Vietnam narcotics users were regular users (Table 11.3).

Amphetamines were the only drug type used regularly by more people since Vietnam than in Vietnam. However, the prevalence of regular use of each drug type had increased after Vietnam as compared with before Vietnam, as had the proportion of regular users among all users. The drug showing the greatest increase in regular use was marijuana (from 12% before service to 25% after Vietnam); barbiturates showed the least. Narcotics was the drug type with the greatest increase in the proportion of users who used regularly—from 1% before service to 35% after Vietnam.

Since overall use of drugs had declined after Vietnam as compared with before (see Table 11.2), while regular use was increasing, it appears that the experimentation phase of drug use was ending for these men. Those who tried drugs before service and found they did not want to use them regularly have quit, while others have escalated from occasional to regular use.

Turnover of Prevalence between Settings

Finding the proportions using each drug after Vietnam so much the same as prior to Vietnam might suggest that men on returning from Vietnam and leaving the military simply put aside the drugs they had been introduced to in Vietnam and reverted to whatever drugs they were using before Vietnam. When we trace the course of individuals' use through these three time periods, however, we find that reversions to pre-Vietnam practices are only part of the story. Post-Vietnam users of narcotics had used that class of drug before Vietnam in only 30% of cases; barbiturate users had used the same drug before service in 44% of cases; amphetamine users in 61%; and marijuana users in 72% (Table 11.4). First use was in Vietnam for 70% of post-Vietnam narcotics users, almost half the barbiturate users, and about one-quarter of marijuana and amphetamine users. Thus post-Vietnam narcotic use, unlike use of other drugs, was very largely a continuation of behavior initiated in Vietnam. How then can we account for a return after Vietnam to pre-Vietnam levels of narcotic use?

TABLE 11.3

PREVALENCE OF WEEKLY DRUG USE IN 3 TIME PERIODS

(In General Sample, N = 451)

	Narcotics		Amphetamines		Barbiturates		Marijuana	
	Total	Of Users [†] (201)	Total	Of Users [†] (180)	Total	Of Users [†] (131)	Total	Of Users [†] (314)
Total								
Before service		1%	3%	20%	2%	16%	12%	42%
In Vietnam	27%	62	7	29	9	40	—	—
Since Vietnam	3	35	6	38	3	23	25	56
Net change	+3%	+34%	+3%	+18%	+1%	+7%	+13%	+14%

[†]0.5%.

[†]In any of the 3 time periods.

TABLE 11.4

WHEN DRUG USE BEGAN FOR POST-VIETNAM USERS IN THE GENERAL SAMPLE

	Narcotics (43)	Barbiturates (52)	Amphetamines (87)	Marijuana (202)
Before Vietnam	30%	44%	61%	72%
In Vietnam	70	46	25	26
After Vietnam	0	10	14	2

When we try to account for the decline after Vietnam to pre-Vietnam levels, we find that reversions to non-use account for 27% of the narcotic prevalence picture, but only 9% of the barbiturate prevalence picture and 8% of the amphetamine prevalence picture (Table 11.5). A large part of the stability of narcotic prevalence rates pre- to post-Vietnam is accounted for by the 55% who never used the drug before, in, or after Vietnam. Continuous narcotics users throughout the three periods were rare (3%). For narcotics, and other drug classes as well, the net change from pre-Vietnam levels is small because users who began in Vietnam and continued after Vietnam are balanced by dropouts from pre-Vietnam use, men who began the drug before Vietnam and continued in Vietnam but stopped before departure. Other patterns—use before and after, but not in Vietnam or beginning after Vietnam—were extremely rare for narcotics (1%).

TABLE 11.5

HOW DRUG LEVELS REMAINED CONSTANT DESPITE THE VIETNAM INTERLUDE
(General Sample, N = 451)

	Narcotics	Barbiturates	Amphetamines
Net Change: Pre-Vietnam to Post-Vietnam	-1%	-3%	-4%
A. Pre-Vietnam Use Same as Post-Vietnam	85%	85%	80%
Never used at all	55%	71%	60%
Used before, in, and after Vietnam	3	4	8
Reversion to pre-Vietnam non-use	27	9	8
Reversion to pre-Vietnam use	0	1	4
B. Gains (Use since Vietnam, not before)		6	7
Began in Vietnam and continued	7	5	5
Began after Vietnam	0	1	2
C. Losses (Use before Vietnam, not since)	8	9	13
No use in Vietnam	1	4	8
Before and in Vietnam	7	5	5
	100%	100%	100%

Since the stability of narcotic prevalence rates from before to after Vietnam depended almost as much on the balancing of losses of pre-Vietnam users by gains in users trying drugs for the first time in Vietnam and continuing, as in reversions to pre-Vietnam practices, it is possible that without the Vietnam exposure, the net change would have been decisively negative. Learning whether a decline in the prevalence of narcotic use in the last year as compared with prevalence in the period ending two years earlier could have been expected in men of this age will have to wait on the completion of a planned study comparing their drug use with that of a matched civilian sample.

Drug Exchanges

The previous section on rates of turnover of drug use with changes in settings treated each drug type individually. When a drug used before service was not continued after arrival in Vietnam or after leaving Vietnam, we called it a "loss." In many cases, that "loss" was actually an exchange of one type of drug for another, as indicated by our finding "losses" balanced by "gains."

Table 11.6 shows exchanges of one drug for another on arrival in and departure from Vietnam. Amphetamines were the type of drug most likely to be dropped when men arrived in Vietnam, but in about half the cases, narcotics were substituted for them. Barbiturates were less likely to be dropped than amphetamines, and those who dropped them almost all substituted narcotics for them, and sometimes amphetamines as well. The reverse seldom happened; barbiturates seldom replaced discontinued amphetamines. Narcotics were the type of drug least likely to be dropped. In the rare cases in which narcotics were discontinued, there was no substitution. Thus in Vietnam, substitutions were almost entirely narcotics in place of discontinued amphetamines or barbiturates. The net effect of these substitutions was to increase the proportion of narcotics users among men who used drugs before Vietnam by 45%; and to decrease the proportion of amphetamine users by about the same amount. Barbiturate users decreased by 31%.

On leaving Vietnam, men who had stopped pre-service drugs reverted to amphetamines used before service in about one-quarter of cases. Rates of reversion to barbiturates were lower and there was no reversion to narcotics. No drugs not previously used were substituted for discontinued drugs.

When men continued their pre-service use of amphetamines in Vietnam, they usually also continued to use them after Vietnam. Those who stopped them on leaving Vietnam did not revert to other drugs used previously. Pre-service barbiturate use which was continued in Vietnam was continued afterwards in about half the cases. When barbiturate use was stopped on leaving Vietnam, amphetamines were only rarely reverted to and narcotics not at all. Narcotic use begun before Vietnam and continued there was continued afterwards in only 28% of cases. Those who stopped narcotics occasionally reverted to amphetamines or barbiturates they had used before service. Again, no new drugs were substituted for the relinquished narcotics.

In sum, the transition to Vietnam was marked by a strong tendency to continue whatever drugs had been used previously or to substitute narcotics for them. The transition from Vietnam back to the States was associated with a marked tendency to discontinue any narcotics used there even among men familiar with narcotics prior to Vietnam, and a mild tendency to revert to amphetamines used before service. But most men simply stopped using any of these three drug types. Thus the role of narcotics as the drug of choice in Vietnam became the role of amphetamines afterwards, although the attraction of post-Vietnam amphetamines seems to have been weaker than the attraction of narcotics in Vietnam.

The Later Drug Careers of Vietnam Drug Initiates

Our analysis in Table 11.5 concerned men with drug experience before Vietnam. But many of the men using drugs in Vietnam were first introduced to them there. It is this group of "innocents" who have most captured public concern. Were they given enduring drug habits by being exposed in Vietnam?

Table 11.7 shows that men without any prior drug use first introduced to narcotics in Vietnam continued them afterwards in only 7% of cases. However, two-thirds continued to use some drug after

TABLE 11.6

REPLACEMENTS FOR DISCONTINUED PRE-VIETNAM DRUGS IN VIETNAM AND AFTER

(General Sample users of drugs before Vietnam, N = 136)

	Drugs Used Before Vietnam		
	Amphetamines (108)	Barbiturates (62)	Narcotics (51)
In Vietnam			
Continued	51%	65%	90%
Stopped	49	35	10
If stopped before, substituted:	(53)	(22)	(5)
Amphetamine	—	38%	0
Barbiturate	9%	—	0
Narcotic	47	79	—
After Vietnam			
If stopped before Vietnam, reverted to:	(53)	(22)	(5)
Amphetamine	28%	20%	20%
Barbiturate	2	14	0
Narcotic	0	0	0
If continued in Vietnam	(55)	(31)	(61)
Continued after	64%	88%	28%
Stopped after	36	52	72
If stopped after, reverted to:	(20)	(24)	(23)
Amphetamine	—	12%	—
Barbiturate	0	0	—
Narcotic	—	—	—

*Proportions substituting and reverting are based on non-users for whom this was possible, i.e., those not using the potential substitute drug in the immediately earlier period, e.g., not in Vietnam for men who stopped in Vietnam; not in Vietnam for men who stopped after.

Vietnam and 30% used some hard drug. If they began amphetamine or barbiturate use as well as narcotics in Vietnam, the rate of continuing narcotics rose to 34% and only 10% reverted to being drug free after Vietnam. Men who learned to use narcotics in Vietnam did not use other types of hard drug used by narcotics or barbiturates afterwards. Only 7% used either amphetamines and/or marijuana after, in contrast to only 7% of men who did not use narcotics in Vietnam.

Men who were introduced to marijuana in Vietnam but to no other drugs, almost all were again drug free on return, although a few (14%) continued the marijuana.

Men who came to Vietnam drug free and remained so there were also drug free on return. Thus, introduction to narcotics in Vietnam did not lead to much narcotic use afterwards but it did seem to substantially increase the probability that some drugs would be used in the post-Vietnam period.

TABLE 11.7

THE LATER DRUG USE OF MEN FIRST INTRODUCED TO DRUGS IN VIETNAM

(General Sample without pre-Vietnam drug experience, N = 232)

	Drugs Introduced to in Vietnam					
	Narcotics			No Narcotics		
	Total (46)	Also Amphs or Barbs (12)	No Amphs or Barbs (34)	Total (186)	Mari- juana (56)	No Mari- juana (130)
Post-Vietnam Use						
Narcotics	7%	14%	0%	0%	0%	0%
Amphetamines	22	24	20	1	4	0
Barbiturates	9	19	0	1	0	1
Marijuana only	37	48	28	6	14	2
None	33	10	52	92	82	97

*Also no amphetamines or barbiturates. There was virtually no use of these drugs in Vietnam by men who did not also use narcotics.

Net Changes in Drug Use

When we look at the total picture, including men who both did and did not use drugs before Vietnam (Table 11.8), we note a small loss in total drug users (-7%). We also note an increase in multiple drug use in Vietnam, with a return after Vietnam to pre-service rates of multiple use in half the users. But even though the number of multiple drug users after Vietnam is as low as before Vietnam, there has been a shift from two drugs to three, as narcotics or barbiturates first used in Vietnam are added to pre-service patterns of amphetamines and barbiturates or amphetamines and narcotics.

SUMMARY

The overall history of drug use in servicemen who left Vietnam in September 1971 and returned to the United States may be summarized as follows.

Half the men (49%) came to Vietnam without drug experience (other than marijuana) and were still non-users 8 to 12 months after their return;

6% were using the same drugs they used before Vietnam, 8 to 12 months after Vietnam;

20% had become users or had increased the variety of drugs used as compared with before Vietnam. Drugs added were mostly narcotics and barbiturates;

TABLE 11.8
CHANGES IN CHOICE OF DRUGS OVER 3 TIME PERIODS
(General Sample, N = 451)

	Before Vietnam	In Vietnam	After Vietnam	No. Change: Before to After
Narcotics, amphetamines or barbiturates	30%	45%	23%	-7%
Patterns of use, (among users)	(136)	(205)	(104)	
Single Drug Type	52	37	50	-2
Amphetamines only	37	3	37	0
Barbiturates only	8	1	8	0
Narcotics only	7	33	5	-2
Mixed Types	48	63	50	+2
Amphetamines and barbiturates	18	0	13	-5
Amphetamines and narcotics	10	13	8	-2
Barbiturates and narcotics	5	11	4	-1
All 3	15	39	25	+10

25% had stopped using drugs they used before Vietnam or decreased the variety of drugs used. Amphetamines were the drugs most often discontinued.

2% had exchanged the type of drugs they used before Vietnam for other drugs.

We have shown that post-Vietnam narcotic use usually began in Vietnam, and that men were equally likely to begin there as before Vietnam. We have also shown that men whose first use was in Vietnam had some predisposition to continue them thereafter. Thus the return to pre-Vietnam levels should not be interpreted to mean that the Vietnam experience was transient. On the other hand, the Vietnam experience may have been a deterrent from drug use for some of the many soldiers who had used drugs before service and discontinued them after Vietnam. Witnessing the problems other soldiers had with drugs and experiencing problems themselves in Vietnam may have persuaded them to stop using drugs at a younger age than most drug users do.

Two changes in scene, from the United States to Vietnam and from Vietnam to home, have been shown to be associated with marked changes both in numbers using drugs and in the choice of drugs used. The return from Vietnam was accompanied by a large drop in drug use, particularly of narcotics. While half of the Vietnam narcotics users who quit shifted to or continued amphetamines or barbiturates, many had used nothing stronger than marijuana since their return home and 17% did not even replace the narcotic with marijuana.

There has been speculation in the literature (Winick, 1966) that narcotic addicts "mature out" of their addiction in time. The concept of maturing out seems to imply that the significant change is an internal one—probably a distaste for the "hassle" of procuring drugs when energy is sapped by the physical costs of aging. Our results show that a change in environment seems to bring about a great decrease in addiction even in very young men. Aging has social as well as physical consequences. One of those social consequences is that older persons are treated differently and have access to different social relationships, i.e., they have a significantly changed environment. It may be that the "maturing out" phenomenon of older men remaining in the same geographic setting is a product of a changed social environment as well as a different body state.

CHAPTER 12

RETURNEES' OPINIONS ABOUT ARMY AND VETERANS ADMINISTRATION POLICIES

The men were asked for their opinions about Army drug policy in Vietnam in the following areas:

1. Should the Army check urines for drugs at DEROS?
2. Should there be surprise urine tests at other times?
3. Should men found positive by urine test be kept in service beyond their discharge dates for treatment?
4. What kind of discharge should an identified drug user get if he a) had performed well? b) had not performed well?
5. Should men be thrown out of service a year early for drug use?
6. Should men overseas be treated for drugs where they are currently stationed, elsewhere overseas, or sent to the States for treatment?
7. After treatment, should a man be returned to his unit or reassigned?
8. Should drug abuse by Vietnam veterans be considered "line of duty" by the VA in decisions about treatment?
9. Should drug users be given special benefits by the VA?

At the time these men were in Vietnam, the only routine urine testing program was the check for drugs at DEROS and men had to be released from service when their obligation was complete whether or not they were thought to require further treatment. Later on, surprise urine sweeps were added, and men could be kept for treatment 30 days beyond their expected termination date if found drug positive.

The highest rate of agreement was found with the policy with which the men were already familiar—testing urines at DEROS (Table 12.1). Most all (90%) approved this policy. The few disagreements were based mostly on objections to the invasion of privacy, or a hopelessness about the possibility of curing someone who has been addicted. The two more recent policies also had high rates of agreement—74% for surprise sweeps (Question 2) and 76% for retention beyond ETS in order to get treatment in service (Question 3). An additional three percent took into account the fact that not all men detected as drug positive were necessarily addicts, and stipulated that treatment should be given only if the man was truly addicted. Another two percent were willing to accept only a brief delay in release. In total, 85% agreed to involuntary retention for treatment after the service obligation was complete under some conditions.

Agreement with both policies was greatest among career soldiers, 92% of whom thought surprise sweeps were a good idea and 84% of whom agreed that men should be kept in service for treatment beyond their termination date. The most critical of Army policies were the first-term enlistees, but even they approved surprise sweeps in two-thirds of cases and retention for treatment beyond the expected release date in three-quarters.

Most soldiers felt with respect to Question 4, that a man identified as on drugs who had performed well should get an honorable discharge, and that those on drugs who had performed badly should get honorable discharges for medical reasons (81% honorable in the first instance, 43% medical in the second). Only 3% favored a without honor or dishonorable discharge in the first instance and only 23% in the second. The opinion in favor of a medical discharge for a drug-positive soldier who gets into trouble does not apparently reflect current Army practice. Records of none of the men detected as positive at DEROS showed discharge for medical reasons. Twenty percent were given discharges without honor and 13% general discharges.

The career soldiers were found to be somewhat more punitive toward drug users, but their attitudes did not differ markedly from those of the other soldiers. Three-quarters were willing for a drug-using soldier

TABLE 12.1

**VIETNAM VETERANS' OPINIONS REGARDING ARMY AND VETERANS
ADMINISTRATION DRUG POLICIES**

(General Sample, N = 451)

	Total N = 451 %	Draftees N = 195 %	First-Term Enlistees N = 195 %	Career Men N = 51 %
1. Should the Army check urines at departure from Vietnam?				
Yes	90	93	88	94
No	9	6	11	6
No opinion	1	1	1	0
2. Should the Army check urines in surprise sweeps?				
Yes	74	77	67	92
No	24	20	31	8
No opinion	2	3	2	0
3. Should men found positive be kept beyond ETS for treatment?				
Yes	78	80	75	84
No	14	13	15	8
Depends	7	6	8	6
No opinion	1	1	2	2
4a. What kind of discharge for drug users who performed well?				
Honorable	81	79	85	72
Medical	9	11	6	12
General	5	5	5	8
Without honor	1	1	1	4
Dishonorable	2	2	1	2
Depends	2	2	2	2
4b. What kind of discharge for drug users who performed badly?				
Honorable	4	4	4	6
Medical	53	55	56	41
General	14	13	16	10
Without honor	5	2	6	16
Dishonorable	18	23	11	17
Depends	6	3	7	10

TABLE 12.1 (Continued)

VIETNAM VETERANS' OPINIONS REGARDING ARMY AND VETERANS
ADMINISTRATION DRUG POLICIES

(General Sample, N = 451)

	Total N = 451 %	Draftees N = 195 %	First-Term Enlistees N = 195 %	Career Men N = 51 %
5. Should drug users be discharged if caught a year before ETS?				
Yes	15	12	17	2
No	50	58	49	2
Depends	34	29	34	55
No opinion	1	1	0	4
6. Where should drug users be treated?				
In the States	67	69	66	63
In Vietnam	17	14	19	25
Elsewhere overseas	8	7	9	8
Anywhere but Vietnam	1	1	2	0
No opinion	7	9	4	4
7. After treatment should the man be returned to his old unit?				
Yes	18	24	13	12
No	74	67	70	84
Depends	5	6	7	2
No opinion	3	3	2	2
8. Should drug problems incurred in Vietnam be considered "line-of-duty" by VA?				
Yes	59	64	60	47
If first addicted in Vietnam	10	7	12	10
No	29	26	27	41
No opinion	2	3	1	2
9. Should drug users receive any special VA benefits?				
Yes	18	16	19	18
No	82	84	81	82

an honorable discharge if he had performed adequately; 41% were willing for him to get an honorable discharge for medical reasons if he had performed badly. The first-term enlisted man was again found to be the least punitive: almost all (85%) thought a drug user who performed well should get an honorable discharge, and 56% thought a drug-using soldier with behavior problems should get a medical discharge. (Not surprisingly, tolerance towards drug users was greatest in the group that produced the highest proportion of drug users—the first-term enlistees.)

Army policy with respect to early discharges for drug users (Question 5) had not been clearly spelled out, and in any case only a few of these soldiers would have had any personal experience with such a policy since most of those found drug positive at the DEROS screen were near the end of their enlistments. The men answered this question in a less than clear-cut fashion, with half disapproving early discharge, 34% saying that it depends on the individual case, and the remainder favoring dismissal. But disapproval of early discharge was not clearly either punitive or tolerant. Among those who disapproved, a sizable proportion who intended to be punitive assumed the drug user wanted to be thrown out and therefore they wanted to keep him in! The majority of those voting for him to stay did not do so because they were accepting (only 9% said drug use was not a serious enough offense to merit dismissal and only 21% wanted to keep him from getting a bad discharge), but because they wanted him treated (43%). Those who thought there should be no rule of thumb most frequently said that he should stay only if he has been cured. The only clear conclusion is that these men felt that drug users remaining in the Army should either be undergoing treatment or have successfully completed treatment.

The career soldiers were least disapproving of early dismissal: only 25% of them said a drug-using soldier should not be thrown out early. Sixteen percent definitely wanted him dismissed and another 43% thought he should be dismissed unless he were treated. The remainder were uncertain.

When asked where drug treatment should take place (Question 6), two-thirds opted for the United States. Four reasons for that choice predominated: drugs were less available in the States; the man would be close to his family; he would be away from the pressures of the Vietnam environment that had caused him to use drugs; and medical care in the States is better. The 25% who thought he should be treated overseas cited the advantages of rapid treatment or a desire to keep the problem secret from the family: "He should return clean." The remainder (7%) had no opinion.

Almost three-quarters thought the soldier should be transferred to a new unit after completing treatment (Question 7). The most frequently offered reason was to avoid returning to the temptations and influences associated with his earlier drug use. In addition, almost one-third feared that the notoriety would hurt him and that his commanding officer would be prejudiced against him. The few who thought he should return to his unit thought it would be better for him to return to a familiar situation in which he felt comfortable.

If a man was discharged with a drug problem and went to the VA for help, more than half (59%) thought his drug problem should be classified as "line of duty—yes" by the VA (Question 8). An additional 10% thought that would be the right classification if the man first became addicted in Vietnam, but not if he had already been addicted before he arrived. Thus, more than two-thirds thought drug addiction arising in Vietnam should be handled like an injury or illness incurred while on duty. Even most (57%) of the career men felt this way. And drug users caught in the DEROS urine screen were in near-unanimous agreement (86%). While very few of them actually sought treatment from the VA, they wanted drug users to have the right to treatment without prejudice.

Only 18% of the men thought drug users should have any special services from the VA (Question 9). The only concrete suggestions were treatment for his habit or counseling.

Men were also asked for ideas about any new services the VA should provide for veterans in general, not raising the question of drug use. The men came up with very few new ideas (Table 12.2). Suggestions were almost entirely for increasing or improving services they already knew to be provided by the VA. Thus 7% wanted better loans, 8% improved educational benefits, and 6% improved medical care. The areas in which suggestions were made by men unaware of existing services were with respect to job finding and training and medical care. Three percent apparently uninformed that the VA provided medical care, thought it should. Only 26% had shown any awareness of VA activities in vocational areas. Thirteen percent who were not aware of any VA help with vocational problems or job training suggested a positive role by

TABLE 12.2

SUGGESTIONS BY VETERANS FOR IMPROVEMENTS
IN VA SERVICES

Job	%
Give help in finding job or training	13
More unemployment compensation	6
Education	
Improve education benefits	8
Loans	
More or better loans	7
Medical	
Medical care	3
Better medical care	6

the VA in locating jobs. Another 6% wanted the VA to provide financial help to unemployed veterans. Thus, job help was the only area in which a sizable number of veterans expressed need for improvement in VA services.

LEXICON

Addicted: Affirmative answer to the question "Do you feel you were addicted or strung out?"

AID: "Automatic Interaction Detector," a computer program in the OSIRIS package appropriate for nominal data. (See page 21)

Alcoholic: Drinks the equivalent of 7 drinks of spirits at least once a week and either a) was treated or hospitalized for alcoholism or b) had three or more of the following symptoms—morning drinking, binges, thought he should cut down, accident due to drinking, trouble in school, on job or in service, civilian arrests related to drinking.

Amphetamines: Illicitly used substances asked about as uppers, speed, crystal, 'obesitol, bennies, Benzedrine, dexies, Dexedrine, amphetamines, meth, Methedrine, pep pills, diet pills, daltatols.

Barbiturates: Illicitly used substances asked about as downers, binocetol, BTL, #10's, Nembutal, yellow jackets, Seconal, reds, red devil, barbs, phenobarbital, Tuinal, truinal, Christmas trees, Amytal, blues, goofballs.

Boomer soldier: A member of the Regular Army who had served more than two years before the beginning of the Vietnam tour from which he returned to the United States in September 1971.

Depressive syndrome: Chronic sadness (defined as depressed, blue, or down in the dumps) of several weeks' duration plus three or more of the following symptoms: trouble sleeping over a period of several weeks, anorexia leading to a weight loss of 8 lbs. or more, several weeks of feeling tired for no reason or not able to "get going," thoughts of dying or harming oneself, worry about losing one's mind, and crying spells.

DEROS: Date Eligible for Return from Overseas.

DEROS Screen: Urine test required prior to departure from Vietnam. Urines positive on the initial test (FRAT) were verified by a second and different analytic procedure.

Drug: Illicitly used amphetamine, barbiturate, or narcotic, unless specified to include marijuana.

Drug positive: A man whose urine was found positive and verified as positive in the DEROS screen and whose positive tests were clinically evaluated as being due to illicit drugs.

Drug positive sample: A simple random sample of 495 selected from lists provided by the Surgeon General's office as men who were determined to be drug positive at DEROS.

Enlistee or first-term enlistee: A member of the Regular Army who had served less than two years at the time he arrived in Vietnam.

ETS: Expiration of Term of Service, the date at which a man's active service obligation is complete.

Frequent drug use:

Drug type	Period		
	Before Service	In Vietnam	After Vietnam
Amphetamines	25 times + or felt dependent	25 times +	Several times a week or felt used too much
Barbiturates	25 times + or felt dependent	25 times +	Several days a week or felt used too much
Marijuana	3+ times a week or felt dependent	Not asked	Three times a week for a month or 5+ times a day or felt used too much

Frequent drug use—Continued

Drug type	Period		
	Before Service	In Vietnam	After Vietnam
Narcotic	More than weekly for more than a month or felt dependent	More than weekly for more than a month or felt dependent	More than weekly for more than a month

General Sample: A simple random sample of 470 men selected from a tape provided by the Personnel Information Systems Command listing all males returning from Vietnam in September 1971 on their master tape of Enlisted Record Briefs.

Hard copy of the military record: The actual physical military record, kept by the unit's personnel section while men are on active duty and deposited with the Military Personnel Record Center when men are released from active duty or discharged.

Heavy drinker: Men who habitually drank the equivalent of 7 jiggers of spirit at least once a week.

Heavy drug user: See "Frequent drug user."

Marijuana: All products of the cannabis sativa plant, inquired about as marijuana, hashish, pot, grass.

CA: A computer program in the OSIRIS package analogous to multiple regression but requiring no assumptions about normality and linearity.

MPRC: Military Personnel Record Center, St. Louis, Missouri. A repository for military records of men discharged from service or released from active duty.

Narcotics: Illicitly used substances derived from opium or synthesized, asked about as heroin, H, smack, stuff, junk, Demerol, opium, morphine, syrettas, paregoric, codeine, cough syrup with codeine, Robitussin A-C, Dilaudid, O.J.'s (opium joints), methadone, Dolophine.

NORC: National Opinion Research Center, a non-profit survey organization attached to the University of Chicago.

Problem drinker: A heavy drinker (see above) who reports one or more problems listed under alcoholism or has had blackouts.

Regular drug use: See "Frequent drug use."

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APPENDIX A: SAMPLE SELECTION AND ESTIMATING THE POPULATION SIZE

A. SAMPLE SELECTION

According to the information that we obtained from the Army, the most accurate indicator of when a man actually left Vietnam is Form 214 for men who had been released from active duty and Form DA-20 for men still on active duty. Since it was obviously impossible to look at the record of every Army enlisted man in Service or recently released to see whether or not these forms indicated a September departure from Vietnam, we had to use the best available information to identify men who left Vietnam in September. The best source seemed to be the master tape of Enlisted Record Briefs (ERB) available through PERSINSCOM. That tape contains all personnel on active duty within 120 days of last update. PERSINSCOM drew from their master tape updated November 1971, a subtape that included all men whose ERB showed September 1971 as the "Year-Month Departed Latest Vietnam Tour" or missing that, showed that date for "Year-Month Departed Area, Last Foreign Service Tour" if the "Area of Last Foreign Service Tour" was listed as Vietnam or if the "Area of last Completed Short Tour" was listed as Vietnam. We knew the tape would include some men ineligible for our population because they did not return to the States after leaving Vietnam. This tape of "September returnees" provided by PERSINSCOM included approximately 22,500 Enlisted Record Briefs (ERBs).

The ERB contained no information as to whether or not a man had been positive for drugs at DEROS. To enable us to identify the subpopulation of drug positives, the Surgeon General's office listed Army enlisted men detected as drug positive at DEROS from the middle of August to the end of September. Information from the Surgeon General was provided in four batches. First, a list of 1,024 Social Security Account Numbers (now used as the identifying number by the Armed Services) of men detected as positive between August 15 and September 15 was sent to PERSINSCOM for matching against the master tape that provided us with the general population. (Dating back to August 15 ensured that men tested and detained in August who actually left Vietnam in September were included.) When 170 of the Social Security numbers were found not matched on the master tape, the Surgeon General sent us names as well as numbers to allow verifying the matches we made and to allow matching by name those missed by number. Next, the Surgeon General sent us 944 additional Social Security Account Numbers which were supposed to represent men who tested positive in the last half of September. (We had originally expected to use an August 15 to September 15 population, but found that there was no day of departure on the master tape to allow us to cut off our selection at mid month.) Finally, the Surgeon General's office sent us 603 names as well as numbers which were supposed to represent men detected as positive in the last half of September.

The fact that supposedly corresponding lists of names and numbers sent to us by the Surgeon General did not agree in number of cases and did not overlap completely derives from the fact that the Surgeon General's information had to be gathered by hand from a large collection of individual cards which had not been sorted by date. For this reason, the lists of cases for September were not necessarily complete and might have copying errors in the Social Security Numbers. When we were unable to match a considerable proportion of the Surgeon General's cases dated September on the tape provided by PERSINSCOM either by name or number, we became aware that there might also be errors in or omissions from the tape. Failure to match could occur because of a mistake in the Social Security Account Number either on the Surgeon General's list or on the tape, because a Service Number dating from before the changeover to Social Security Account Numbers was still being used on either source, or because the master tape from which our tape was made or the Surgeon General's list was incorrect in dating the departure from Vietnam.

The magnitude of errors in Social Security numbers was suggested by the fact that we were able to increase the number of Surgeon General's cases matched on the PERSINSCOM tape by 22% when we matched by name, accepting matches only when the Social Security number differed by only one digit or by a transposition of digits. Even after matching by name, we could not match 39% of the cases provided by the Surgeon General.

Many of these failures to match turned out to be due to errors in departure dates. When we started looking at the hard copies of the military records for home addresses of men already released from Service, we found that Form 214 often showed dates other than September for men both on the September

departure tape and on the Surgeon General's list as September departures. Apparently the reason for the large error was that many men were returning earlier than their expected departure dates as troop strength in Vietnam was being reduced, and their ERB's had not been corrected to show the advanced date.

Since the Army advised that Form 214 should be taken as the final word as to when the man actually left Vietnam, we decided that for both general and drug positive samples we would locate the hard copy of the military record for each prospective sample member before he was accepted into the sample. This did not promise to increase the work load greatly, because the hard copy was needed to obtain home addresses for men released from Service. The methodological problem was how to verify the date of departure from Vietnam and still choose a completely random sample. Our solution was first to choose by random numbers a group of 500 potential "general" sample members from the September departure tape and a group of 500 potential "drug positive" sample members from the Surgeon General's lists and then continue the random selection to obtain approximately 500 additional cases from each source to serve as substitutes for men found ineligible for the sample because they returned at some date other than September, or because they did not return to the United States. When a man was found ineligible, the next randomly ordered individual became a potential sample member. This method was equivalent to having first cleared our two populations of all ineligibles and then having chosen a simple random sample of the remainder. Thus we were able to meet our selection criteria and at the same time preserve the randomness of the sample.

In obtaining a sample of the general population, we discarded as ineligible as many cases as we accepted. The proportion of drug positives discarded as ineligible was only slightly lower (39%). The loss of general sample cases was so heavy that we actually ended up with a slightly smaller sample for our general population than we had intended - 470.

Records of men released from Service are centralized at the Military Personnel Records Center within 3 months of release from active duty, and become readily accessible (with the able assistance of the staffs of RCPAC and GSA). For men recently released or still in Service, location of records is difficult. Records of men still on active duty are located at their active duty station. The Worldwide Locator contains the post and military unit for each man on active duty. Unfortunately, its information is often somewhat out of date. Because of problems in locating records of men on active duty or recently discharged, obtaining the sample was a laborious procedure which continued throughout the whole five months of the interviewing period and required the efforts of five to eight people on the research staff full time as well as a great many people in the Army. Despite these difficulties, we were finally able to locate the hard copy of the military record or confirm the overseas location or locate the man personally to ask his date of departure in all but 13 cases that we attempted. These 13 cases had to be dropped from the prospective samples. We ended with 495 cases in the drug positive sample and 470 cases in the general sample. With an overlap of 22 persons between our two samples, we had selected a total of 943 individuals, all of whom had been confirmed as departing Vietnam in September and returning to the United States. To obtain these 943 persons, records had been sought for 2,300.

We made this dogged effort to pursue military records for every potential sample member until certain whether he was or was not eligible because we were concerned that records of men with more serious problems might be harder to obtain. For instance, records were sometimes difficult to find because they were in the hands of the FBI or had been sent to Fort Benjamin Harrison because the man was a deserter. Records of men currently in drug programs were sometimes difficult to find because the man was not on the roster of the Post Locator. Failure to locate these difficult-to-find records would have biased our sample in favor of less deviant individuals.

We made a special effort to include drug positives whose records identified them as September departures even though they did not appear on the master tape as September departures because preliminary analysis had shown differences between men on and off the September tape. Analysis of data from the hard copies of the military records substantiated these early impressions (Appendix A, Table). Men not on the tape were more often Regular Army enlistees rather than draftees and they had more disciplinary action in Vietnam, resulting in lower rank, fewer honorable discharges, and more rapid release from Service. These behavior problems appear to have begun in Vietnam since at the time men on and not on the September tape arrived in Vietnam they were very similar in rank, previous disciplinary experience, and records of drug problems. Because the military records of men missing from the September departure

tape reflected more serious problems in Vietnam, it was important that they be included if the sample of drug positives leaving Vietnam in September was to be an unbiased sample.

It may be true that omissions of September returnees who were *not* drug positive from the September tape were also biased in the direction of discipline problems in Vietnam. Concerned that tape omissions might give us a sample of drug negatives biased toward conformity, we consulted with the Army as to whether there was any way in which we could identify in the *general* population men who actually left in September but whose ER8 did not reflect this fact. We were told there was no way to identify this group short of pulling many thousands of hard copy records and looking for departure dates. Therefore our general sample is made up of September returnees who were so *noted* on PERSINSCOM's master tape. Because they may be a biased sample of all September returnees, when we compare them with drug positives, tables will present results for those drug positives whose enlisted record briefs *do* appear on the September departure tape (as well as for the total drug positive sample), so that any biases present in our sample of the general population will also apply to the drug positives with whom they are compared. On the other hand, when we want to describe the drug positive population or compare drug positives with and without certain characteristics, we will use both those who did and did not appear on the September tape, because together they constitute our most representative sample of the total population of drug positives.

Through the efforts described, we have tried to obtain the most representative possible samples of men leaving Vietnam in September. However, we are well aware that we have achieved more in the direction of eliminating cases that should *not* have been in the eligible population than in locating missing members of that population.

APPENDIX A: TABLE
HOW MILITARY RECORDS OF DRUG POSITIVES ON THE SEPTEMBER
DEPARTURE TAPE OF ARMY ENLISTED MEN DIFFERED FROM
RECORDS OF THOSE NOT ON THE TAPE
 (If hard copy of the military record was obtained: N = 480)

Record Entry	Drug Positive Sample	
	On Tape (399) %	Not on Tape (81) %
Regular Army	65	74
Three or more disciplinary actions in Vietnam	17	28
Rank of Private:		
At entry into Vietnam*	37	37
At DEROS	25	40
Type of Discharge:		
Honorable	69	58
Without honor	18	25
Others	12	17
Released from Service immediately on return	37	51

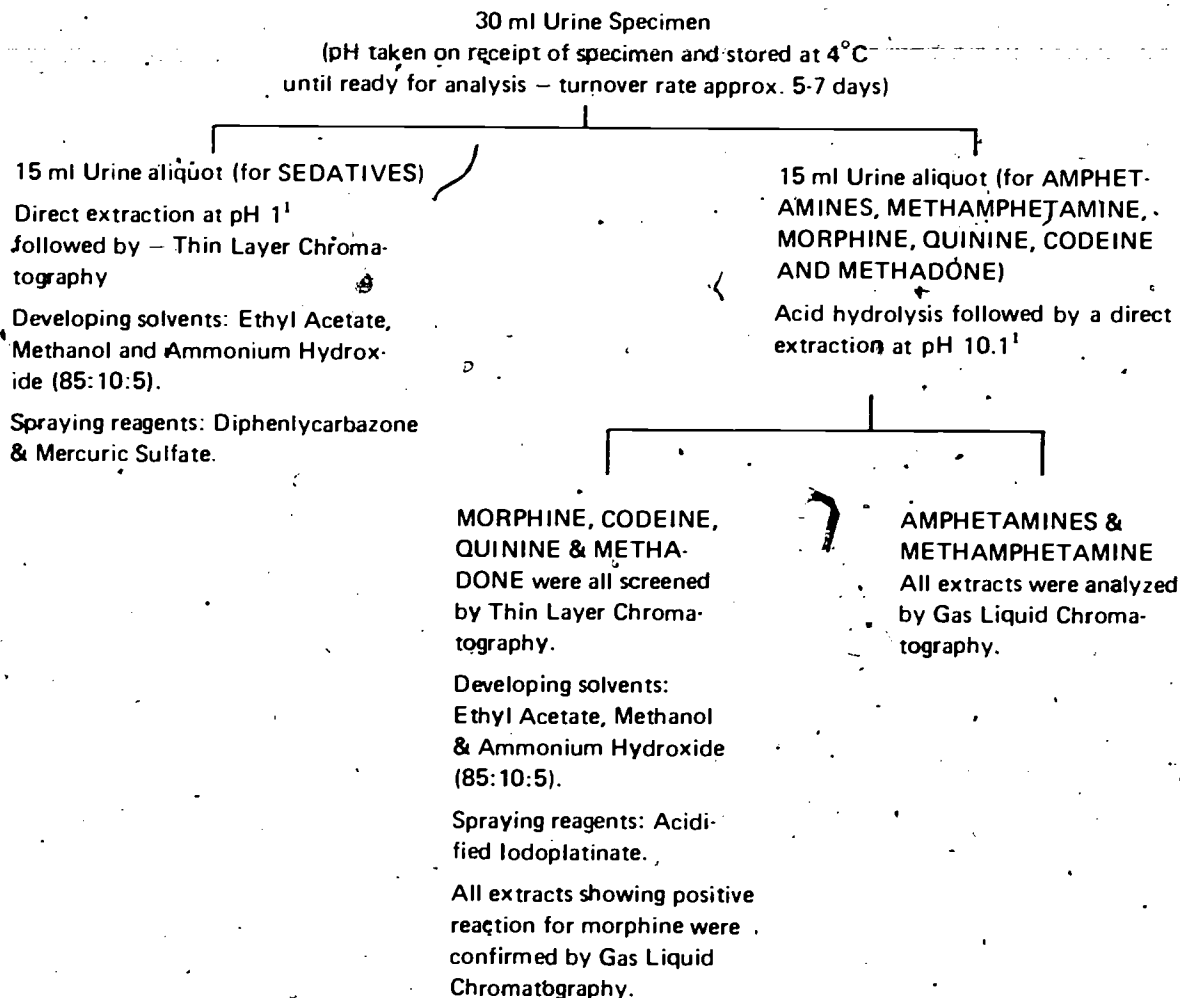
*Difference not statistically significant. All other differences are significant.

B. ESTIMATING POPULATION SIZE

Since we do not know to what extent the ineligible on the "September tape" are balanced by eligibles omitted from that tape, we do not know the size of the population from which we have sampled. Knowing the population size would be useful for projecting the number of men likely to be candidates for any program planned, so that requirements in funds and personnel could be estimated.

To estimate the size of the population of Army enlisted men who were September returnees to the United States, we can use two pieces of information: 1) the proportion of ineligible we discarded in picking our general sample, and 2) the proportion of the eligible drug positives who were missing from the September tape, but whom we identified as eligible from their military records. To obtain our 470 eligible general sample members, we had to search the military records of 981 men. If we assume that the same proportion eligible holds for the remainder of the tape of 22,500, there are 10,780 eligibles on it. Among the 495 men in our drug positive sample, 403 appeared on the tape. If we assume the same rate on the September tape for the remaining eligible drug positives on the Surgeon General's list, eligible drug positives on the Surgeon General's list are 123% of eligible drug positives on the tape. If we then assume an equal rate of omissions for the drug negatives in the general sample, the number of probable eligibles on the tape (10,780) increased by 23% gives us an estimated population of eligibles, 13,240. We will use this estimate when we project from our sample to the population of Army enlisted men who left Vietnam in September 1971 and returned to the United States.

APPENDIX B PROCEDURES EMPLOYED FOR DRUG SCREENING*



NOTE: "Clean" urines spiked with the drugs to be analysed, i.e. amphetamine, methamphetamine, morphine, codeine, phenobarbital and amobarbital were always processed with the samples for TLC and GLC analysis.

¹ K.K. Kaistha & Jerome Jaffe: Jnl. Chromatography, Vol 60, page 83-94, 1971.

*This Appendix was written by Dr. B. M. Kapur, Clinical Institute, Addiction Research Foundation, Toronto, Canada.

GLC CONFIRMATION OF MORPHINE, CODEINE, QUININE & METHADONE.

Instrument

Bendix 2500 FID.
6' x.6mm glass column.
3% OV-17 on Chromosorb W. HP.
100/120 mesh.

B-1

548-993 (1) - 74 - 8

Multilinear temperature program

Initial temp. 230°C

Final temp. 300°C

(Held for 1 min. at 230° then increased at 20°/min to 280°. Held over for 5 mins. then increased at 10°/min. to 300°C. Held over for 2 mins.)

Flow rates

N₂ 46 ml/min.

H₂ 38 ml/min.

GLC ANALYSIS ON AMPHETAMINES & METHAMPHETAMINE

Instrument

Bendix 2500 FID.

6' x 6mm glass column.

3% OV-7 on Chromosorb W. HP.

80/100 mesh.

Temperature

140°C (isothermal)

Flow rates

N₂ 30 ml/min.

H₂ 32 ml/min.

DECK 01

APPENDIX C: INTERVIEW SCHEDULE

TIME STARTED: _____ AM
PMOMB 166-S72001
Expires June 30, 1973CONFIDENTIAL
NORC-4146
5/72

DECK 01

ID #:

	*		
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01-04

VIETNAM VETERANS

1. When did you get back from Vietnam? (The date you reached the U.S.)

Month	Day	Year
07-08/	09-10/	11-12/

IF STILL IN SERVICE, CODE "8" BELOW, WITHOUT ASKING.

2. When were you discharged from the Army?

Month	Day	Year
13-14/	15-16/	17-18/

- A.
- IF NOT IN SERVICE:*
- So you've been a civilian now how long?

Less than 2 months	1	19/9
2 months to less than 4	2	
4 months to less than 6	3	
6 months to less than 8	4	
8 months to less than 10	5	
10 months to less than 12	6	
12 months or more	7	
Still in military	8	

3. When did you go on active duty? IF MORE THAN ONCE: (the last time?)

Month	Day	Year
20-21/	22-23/	24-25/

4. And when did you get to Vietnam? IF MORE THAN ONCE: (this last time?)

Month	Day	Year
26-27/	28-29/	30-31/

ENTER INFORMATION FROM Q'S 1-4
ONTO CUE SHEET.

C-1

DECK 01

5. While you were in Vietnam, were you ever under enemy fire?

IF YES, ASK: Over how long a period?

No (GO TO Q 6)	1	32/9
Less than a month	2	
1 to less than 3 months	3	
3 to less than 6 months	4	
6 months to less than 9 months	5	
9 months or more	6	
Yes, period not specified	7	

6. Were you ever wounded in a combat operation?

IF YES, ASK: How many times?

No (GO TO Q 7)	1	33/9
Once	2	
Twice	3	
Three or more times	4	

7. Were you ever in a unit attached to the South Vietnamese army?

IF YES, ASK: For how long?

No (GO TO Q 8)	1	34/9
Less than a month	2	
1 to less than 3 months	3	
3 to less than 6 months	4	
6 months to less than 9 months	5	
9 months or more	6	
Yes, period not specified	7	

8. Were you ever stationed in a location that was surrounded by the enemy?

IF YES, ASK: For how long?

No (GO TO Q 9)	1	35/9
Less than a month	2	
1 to less than 3 months	3	
3 to less than 6 months	4	
6 months to less than 9 months	5	
9 months or more	6	
Yes, period not specified	7	

9. Were you ever separated off from the main body of your unit?

IF YES, ASK: For how long?

No (GO TO Q 10)	1	36/9
Less than a month	2	
1 to less than 3 months	3	
3 to less than 6 months	4	
6 months to less than 9 months	5	
9 months or more	6	
Yes, period not specified	7	

(C-2)

10. Did you go on combat patrols or have other very dangerous duty while in Vietnam?

No (GO TO Q 11) 1 37.9

IF YES, ASK: Did you go on patrol or have dangerous duty as often as once a week, or was it more like once a month, or less frequently?

Once a week or more often 2
2-3 times a month (VOLUNTEERED) 3
Once a month 4
Less than once a month 5
Yes, frequency not specified 6

11. While you were in Vietnam, did any close friend or buddy of yours there get killed in combat?

No (GO TO Q 12) 1 38.9

IF YES, ASK: How many?

One 2
Two 3
Three 4
Four or more 5
Yes, number not specified 6

12. Were you kept pretty busy during duty hours, throughout your Vietnam tour of duty, or were there long periods when you had nothing much to do?

Busy all of tour (GO TO Q 13) 1 39.9

IF LONG PERIODS WITH NOTHING, ASK: How much of the time altogether would you say you were just sitting around with nothing much to do?

Less than a month 2
1 to less than 3 months 3
3 to less than 6 months 4
6 months to less than 9 months 5
9 months or more 6
Period not specified 7

13. Were you bored with your job while you were over there?

No (GO TO Q 14) 1 40.9

IF YES, ASK: How many months of your tour over there did you find it boring?

Less than a month 2
1 to less than 3 months 3
3 to less than 6 months 4
6 to less than 9 months 5
9 months or more 6
Don't know 7

14. When you were off duty, was boredom frequently a problem to you, or only once in a while?

Frequently 1 41.9
Once in a while 2
Never 3

C-3

DECK 01

Now, I'd like to ask a few questions about drug use.

15. What one drug, if any, do you feel caused the most harm to U.S. soldiers in Vietnam?

None caused harm (GO TO Q 16) ... 01

42-43/99

NAME OF DRUG _____

A. IF R NAMED DRUG: Why do you think that one was the worst? RECORD VERBATIM.

16. Among the enlisted men in your unit, how many smoked pot fairly regularly (three or more times a week)? USE CATEGORIES AS PROBES IF NECESSARY.

Almost everyone -- (85-100%)	1	44/9
More than half -- (60-84%)	2	
About half -- (40-59%)	3	
Less than half -- (16-39%)	4	
Only a few -- (1-15%)	5	
None	6	

17. Was the marijuana in your area plain, or was it sometimes spiked or laced with other drugs?

Plain -- (GO TO Q 18)	1	45/9
Don't know -- (GO TO Q 18)	2	

IF ALWAYS OR SOMETIMES MIXED, ASK: Which drugs was it mixed with?

RECORD VERBATIM, AND CODE.

Opium	3	
Heroin	4	
Other (Specify)	5	
Don't know	6	

18. Could soldiers in your area always buy all the straight (plain) marijuana they wanted, or was it sometimes scarce?

Always available	1	46/9
Usually available, sometimes scarce	2	
Scarce	3	
None available	4	

19. Had you gone around with regular marijuana smokers (that is, people who smoked it three or more times a week) before you went to Vietnam?

IF YES, ASK: Was the first time before you went into the Service; or when you were already in the Service, but before you went to Vietnam?

No -- (GO TO Q 20)	1	47/9
First time before Service	2	
First time in Service, before Vietnam	3	
Before Vietnam, not specified	4	

C-4

20. Before you went into Service, what did you think of young people using marijuana regularly? did you think it was OK, or did you disapprove of it? RECORD VERBATIM AND CODE.

Thought it OK	1	48/9
Disapproved	2	
Had not decided	3	
Hadn't thought about it	4	

21. In Vietnam, how many of the enlisted men in your unit do you think ever tried narcotics like heroin or opium even once while they were there? USE CATEGORIES AS PROBES, IF NECESSARY.

Almost everyone - (85-100%)(ASK A)	1	49/9
More than half - (60-84%)(ASK A)	2	
About half - (40-59%)(ASK A)	3	
Less than half - (16-39%)(ASK A)	4	
Only a few - (1-15%)(ASK A)	5	
None - (GO TO Q 22)	6	

A. IF ANY: How many of the men in your unit used these drugs fairly regularly (at least a dozen times)?

Almost everyone - (85-100%)	1	50/
More than half - (60-84%)	2	
About half - (40-59%)	3	
Less than half (16-39%)	4	
Just a few - (1-15%)	5	
None	6	

22. A. What were the drugs most commonly used in your unit? RECORD VERBATIM.

B. What other drugs did you see, or hear about, being used in your unit? RECORD VERBATIM.

23. Had you personally known any heroin or opium users before you were in Vietnam - or was that the first time?

Never knew any, not even in Vietnam (VOLUNTEERED)	1	51/9
First time in Vietnam	2	

IF BEFORE VIETNAM, ASK: Did you first know any before you went into the Service; or only after you were in the Service?

Before Service (ASK A)	3
In Service, before Vietnam	4
Before Vietnam, not specified when	5

A. IF BEFORE SERVICE: Did you associate with them, or were they just acquaintances?

Associated with	1	52/
Just acquaintances	2	

C-5

DECK 01

24. A. After your experience in Vietnam, do you feel that using heroin in Vietnam is OK?

Yes	1	53/9
No	2	
Don't know	3	

B. Why is that? RECORD VERBATIM.

25. A. Do you feel that using it in the States is OK?

Yes	1	54/9
No	2	
Don't know	3	

B. Why is that? RECORD VERBATIM.

26. Do you think that some people can use it on a regular basis and stay in control of it in this country?

Yes	1	55/9
No	2	
Don't know	3	

27. Do you think that some people can use it regularly and still stay in control of it, in Vietnam?

Yes	1	56/9
No	2	
Don't know	3	

Now, I'd like to ask some questions about your life before Vietnam.

28. For instance, did you ever smoke pot or hash *before* you went to Vietnam?

Yes (ASK A)	5	57/9
No (ASK B)	6	

A. IF YES Did you *first* smoke it before you went into the Service, or only after you were in the Service?

Before Service (GO TO Q 29)	1	58/9
In Service (before Vietnam) (SKIP TO Q 30)	2	

B. IF NO Did you smoke it at all while you were in Vietnam?

Yes, in Vietnam (SKIP TO Q 30)	3
No, not in Vietnam (SKIP TO Q 30)	4

29. IF USED MARIJUANA BEFORE SERVICE:

A. How old were you the first time you smoked it? AGE: _____ 59 60/

B. Before you entered Service, had you ever been picked up for possession or sale of marijuana?

Yes 1 61/

No 2

C. Before you entered Service, did you use marijuana fairly often say 25 times or more?

Yes (ASK [1]) 6 62/

No (ASK [2]) 7

[1] IF YES TO C: Did you use it 3 times a week or more, before Service?

Yes (GO TO D) 1 63/

No (GO TO D) 2

[2] IF NO TO C: How many times did you use it?

10 24 (ASK D) 3

3 9 (GO TO Q 30) 4

Once or twice (GO TO Q 30) 5

D. Before Service, did you use marijuana to the extent that you were uncomfortable when you couldn't smoke it, or that it made you kind of lazy and uninterested in things you used to be interested in?

Yes, either 1 64/

No 2

BEGIN DECK 02

30. Here is a list of some uppers. Some of these are different common names for amphetamines and some are other drugs with similar effects.

**CARD A
LIST OF
UPPERS**

Before you went to Vietnam, had you tried any of the uppers on this list, not on prescription? IF NO, PROBE TO BE SURE R UNDERSTANDS BEFORE CODING: You never tried speed, or meth, or pep pills or diet pills before Vietnam?

No (SKIP TO Q 32) 1 10/9

IF YES, ASK: Did you first try them before you went into Service or only after you were in the Service?

{ Before Service (GO TO Q 31) 2
In Service (before Vietnam)
(SKIP TO Q 32) 3

C.7

DECK 02

IF USED STIMULANTS (UPPERS) BEFORE SERVICE:

31. A. Before Service, had you used uppers fairly often - 25 times or more?

Yes (ASK [1]) 6 11/
No (ASK [2]) 7

[1] IF YES: Did you use them twice a week or more, before Service?

Yes (ASK B) 1 12/
No (ASK B) 2

[2] IF NO: How many times had you taken them before Service?

10-24 (ASK B) 3
3-9 (GO TO C) 4
Once or twice (GO TO C) 5

Before Service, did you get so you had to take more of the uppers to get the same high? Did they make you hear voices? Did they make you feel, for no good reason, that someone was out to hurt you?

Yes, to any (GO TO C) 1 13/
No, none (GO TO C) 2

C. Before you entered Service, did you ever inject an upper into a vein?

Yes 1 14/
No 2

32 Did you use uppers at all while you were in Vietnam?

No (GO TO Q 33) 1 15/9

IF YES, ASK: How many times?

1 or 2 times 2
3 to 9 times 3
10 to 24 times 4
25 or more times 5
Yes, times not specified 6

33 Before you went to Vietnam, had you tried any of the downers on this list not prescribed for you by a doctor? IF NO, PROBE TO BE SURE R UNDERSTANDS BEFORE CODING: You never tried any barbs, or yellowjackets, or reds?

**CARD B
LIST OF
DOWNERS**

No (SKIP TO Q 35) 1 16/9

IF YES, ASK: Did you first try them before you went into Service - or only after you were in the Service?

Before Service (GO TO Q 34) 2
In Service (before Vietnam) 1
(SKIP TO Q 35) 3

111

C 8

IF USED SEDATIVES (DOWNERS) BEFORE SERVICE:

34. A. Before you entered Service, had you used downers fairly often 25 times or more?

Yes (ASK [1]) 6 17/
No (ASK [2]) 7

[1] IF YES: Was there a time before Service when you took them several days a week?

Yes (ASK B) 1 18/
No (ASK B) 2

[2] IF NO: How many times had you taken them before Service?

10-24 (ASK B) 3
3-9 (GO TO Q 35) 4
Once or twice (GO TO Q 35) 5

B. When you were taking downers before you went into Service, did you get so you had to take more to get the same effect? If you didn't take them, would you get to feeling weak and nervous?

Yes to either question 1 19/
No 2

35. Did you use downers at all while you were in Vietnam?

No (GO TO Q 36) 1 20/9

IF YES, ASK How many times?

1 or 2 times 2
3 to 9 times 3
10 to 24 times 4
25 or more times 5
Yes, times not specified 6

36. Here is a list of narcotics. Some of these are different common names for heroin, others are drugs that have effects similar to heroin or opium.

**CARO C
NARCOTIC
LIST**

Before you went to Vietnam, had you tried any of these drugs without a prescription?

Yes (ASK A & B) 3 21/9
No (SKIP TO Q 50) 4

IF YES

A
Which of these drugs had you tried *before* you went into Service? CODE BELOW

B
Which had you tried for the first time after you were in the Service, but *before* you went to Vietnam? CODE BELOW

C-9

DECK 02

Heroin, H, Smack, Stuff, or Junk	1	2	22/
Demerol	1	2	23/
Opium	1	2	24/
Morphine or Syrettas	1	2	25/
Paregoric	1	2	26/
Codeme or cough syrup with codeme	1	2	27/
Robitussin A/C	1	2	28/
Dilaudid	1	2	29/
O J's	1	2	30/
Methadone or Dolophine	1	2	31/

37 How old were you the first time you tried (it) any of them? AGE: 32-33/

38 Before Vietnam, had you taken a narcotic (on this card) fairly often -- 25 times or more?

Yes (ASK A) 6 34/
No (ASK B) 7

A IF YES Before Vietnam, was there a time when you used them more than once a week?

Yes (GO TO Q 39) 1 35/
No (SKIP TO Q 48) 2

B IF NO How many times altogether had you taken any of them?

10-24 (GO TO Q 39) 3
3-9 (SKIP TO Q 48) 4
Once or twice (SKIP TO Q 48) 5

ASK Q 39-42 IF YES TO Q 38A OR "10-24 TIMES" TO Q 38B, OTHERS GO TO Q 48.

39 A For how long did you use them more than once a week before you went into Service?

Never 1 36/
1 week or less 2
More than 1 week, less than
1 month 3
1 month to less than 6 months 4
6 months to less than 1 year 5
1 year or more 6

B. For how long did you use them more than once a week *in* the Service – *before* you went to Vietnam?

Never	1	37/
1 week or less	2	
More than 1 week, less than 1 month	3	
1 month to less than 6 months	4	
6 months to less than 1 year	5	
1 year or more	6	

40. Do you feel you were ever actually "strung out" or addicted, *before* you went to Vietnam?

Yes (ASK A & B)	1	38/
Possibly (ASK A & B)	2	
No (GO TO Q 41)	3	

IF YES OR POSSIBLY:

A. Do you think you might have been "strung out" *before* you went into Service?

Yes	1	39/
Possibly	2	
No	3	

B. Do you think you might have been "strung out" *in* the Service – *before* you went to Vietnam?

Yes	1	40/
Possibly	2	
No	3	

41. Did you get any treatment or go into any program to help you get off drugs, *before* you went to Vietnam?

No (GO TO Q 42)	1	41/
-----------------	---	-----

IF YES, ASK: Was that while you were still a civilian, in Service, or both?

Civilian	2
Service	3
Both	4

DECK 02

42. IF USED MORE THAN ONCE A WEEK BEFORE SERVICE (Q 39A), ASK Q 42.

OTHERS SKIP TO Q 44.

A.		B.	
When you were coming down off narcotics, that is, not taking any narcotics (card C) for a day or more, <i>before</i> you went into Service, what symptoms and physical problems did you have — the worst time — or didn't you ever come down? CODE SYMPTOMS R VOLUNTEERS BELOW.		ASK FOR ITEMS NOT MENTIONED IN A: Think about that (worst) time you had coming down off narcotics before you went into Service — did you have ...? READ AND CODE FOR EACH ITEM.	
• Never came down (SKIP TO Q 44) ... 4 42/			
Items Mentioned	Yes	No	
(1) Runny nose and eyes? 1		3	43/
(2) Did you feel flushed or sweaty? 1	2	3	44/
(3) Did you have chills? 1	2	3	45/
(4) Did you have goose bumps or chill bumps 1	2	3	46/
(5) Nausea or vomiting? 1	2	3	47/
(6) Did your muscles twitch? 1	2	3	48/
(7) Did you have stomach cramps? 1	2	3	49/
(8) Did you have trouble sleeping? 1	2	3	50/
(9) Diarrhea? 1	2	3	51/
(10) Pain in muscles? 1	2	3	52/
(11) Other (VOLUNTEERED) (SPECIFY) 1			53/

BEFORE SERVICE

43. A. How long did it take to finish kicking or withdrawing that (worst) time?

Less than 12 hours	1	54/
12 hours to less than 2 days	2	
2 to 4 days	3	
5 to 10 days	4	
11 days to 2 weeks	5	
More than 2 weeks	6	

B. Did you just start feeling better then, or did it end only because you went back on the stuff?

Just started feeling better	1	55/
Back on	2	

C. When you had the worst time kicking drugs before Service, were you coming off narcotics with medicine or "cold turkey"?

Medicine (ASK [1] + [1])	3	56/
Cold turkey (GO TO [1])	4	

[1] IF MEDICINE: What medicine did you get?

[2] Did you use any other drugs or alcohol to help you come off?

Yes (ASK [a])	5	57/
No	6	

[a] IF YES TO [2]: What? (RECORD VERBATIM)

DECK 02

44. IF USED MORE THAN ONCE A WEEK /IN THE SERVICE (Q 39B), ASK Q 44.

OTHERS SKIP TO Q 46.

A.		B.		
<p>Think about the worst time you had coming off narcotics, that is, not taking any narcotics (Card C) for a day, or more, after you were in Service, but before you went to Vietnam; what symptoms or physical problems did you have, or didn't you ever come down? CODE SYMPTOMS R VOLUNTEERS BELOW.</p> <p>Never came down (SKIP TO Q 46) 4 58/</p>		<p>ASK FOR ITEMS NOT MENTIONED IN A:</p> <p>Did you have ...? READ AND CODE FOR EACH ITEM.</p>		
Items Mentioned		Yes	No	
(1) Runny nose and eyes?	1	2	3	59/
(2) Did you feel flushed or sweaty?	1	2	3	60/
(3) Did you have chills?	1	2	3	61/
(4) Did you have goose bumps or chill bumps?	1	2	3	62/
(5) Nausea or vomiting?	1	2	3	63/
(6) Did your muscles twitch?	1	2	3	64/
(7) Did you have stomach cramps?	1	2	3	65/
(8) Did you have trouble sleeping?	1	2	3	66/
(9) Diarrhea?	1	2	3	67/
(10) Pain in muscles?	1	2	3	68/
(11) Other VOLUNTEERED (SPECIFY)	1	2	3	69/

IN SERVICE, BEFORE V

45. A. How long did it take you to finish withdrawing or jonesing that worst time?

Less than 12 hours	1	07/
12 hours to less than 2 days	2	
2 to 4 days	3	
5 to 10 days	4	
11 days to 2 weeks	5	
More than 2 weeks	6	

B. Did you just start feeling better then, or did it end only because you went back on the stuff?

Just started feeling better	1	08/
Back on	2	

C. Were you coming off narcotics with medicine or "cold turkey"?

Medicine (ASK [1] + [2])	3	09/
Cold turkey (GO TO [2])	4	

[1] IF MEDICINE: What medicine did you get?

[2] Did you use any other drugs or alcohol to help you come off?

Yes (ASK [a])	5	10/
No	6	

[a] IF YES TO [2]: What? RECORD VERBATIM.

46. Did your use get heavier after you went into Service, was it about the same, or did it get smaller?

Heavier	1	11/
Same	2	
Smaller	3	

47. Did you have drugs on your mind more before you went into Service, or more after you were in the Service?

More before	1	12/
More after	2	
Same	3	

48. Had you ever injected any narcotic into a vein any time before Vietnam?

Yes	1	13/
No	2	

C-15

948-993 (1-74-9)

118

DECK 03

49. Before Vietnam, had you ever been picked up on a narcotics charge?

Yes 1 14/
No 2

ASK EVERYONE:

Now, some questions about while you were in Vietnam.

50. While you were in Vietnam (whether or not you used them), how far would you have had to go to get heroin or opium or one of the other narcotic drugs — right within your own unit, less than an hour away from where you were stationed, or further than that?

Own unit 1 15/9
Less than 1 hour away 2
Further 3
Don't know 4

51. How long had you been in Vietnam before someone offered you some heroin, opium, or other narcotic?

Less than 48 hours 01 16-17/99
2 days to less than 1 week 02
1 week to less than 1 month 03
1 month to less than 2 04
2 months to less than 4 05
4 months to less than 6 06
6 months or more 07
Looked for it 08
Never 09

18/R

52. Did you try any of the narcotics on the list while you were in Vietnam?

CARD C
NARCOTIC
LIST

Yes (GO TO Q 53) 1 19/9
No (ASK A) 2

A IF NO. What were your reasons for not trying it while you were there?
(RECORD VERBATIM AND GO TO Q 67)

IF USED NARCOTICS IN VIETNAM:

53.

A. Which ones did you try in Vietnam? What else? CODE ALL THAT APPLY.			B. Which of these did you use more than five times? CODE ALL THAT APPLY.		
Heroin, H, Smack, or Stuff	1	20/	1	30/	
Demerol	2	21/	2	31/	
Opium	3	22/	3	32/	
Morphine or Syrettas	4	23/	4	33/	
Paregoric	5	24/	5	34/	
Codeine or cough syrup with codeine	1	25/	1	35/	
Robitussin A/C	2	26/	2	36/	
Dilaudid	3	27/	3	37/	
O.J.'s	4	28/	4	38/	
Methadone or Dolophine	5	29/	5	39/	

54 How long had you been in Vietnam before you *first tried* (it/any of those)?

Less than 48 hours	1	40/
2 days to less than 1 week	2	
1 week to less than 1 month	3	
1 month to less than 2	4	
2 months to less than 4	5	
4 months to less than 6	6	
6 months or more	7	

55. A. While you were in Vietnam, did you ever inject them in your vein, that is, shoot up?

Yes (ASK B) a
 No (ASK B) b

B. Did you ever inject them under the skin?

Yes (CODE BELOW) c
 No (CODE BELOW) d

C-17

CODE ANSWERS TO PARTS A & B:

Neither	1	41/
Vein (IV, shoot up) only	2	
Under skin (skinpop) only	3	
Both	4	

42/R

IF USED ANY NARCOTIC MORE THAN FIVE TIMES (SEE Q 53B), ASK Q 56. OTHERS SKIP TO Q 63.

56. What method did you prefer at the end of your stay? CODE ONE.

Snort	1	43/
Smoke	2	
Under skin (skinpop)	3	
Vein (IV, shoot up)	4	
Swallow	5	
Other (SPECIFY)	6	

57. While you were in Vietnam, did you sometimes use narcotics more than once a week?

No	1	44/
----	---	-----

IF YES, ASK: Over how long a period did you use them more than once a week?

Less than 1 month	2
1 month to less than 6 months	3
6 months to less than 9 months	4
9 months or more	5

58. How many times did you come down from (kick) narcotics in Vietnam — or didn't you ever?

Never was high — nothing to kick (SKIP TO Q 63)	1	45/
Never came down — stayed high (SKIP TO Q 63)	2	
Once (GO TO Q 59)	3	
Twice (GO TO Q 59)	4	
Three times (GO TO Q 59)	5	
Four times or more (GO TO Q 59)	6	

IF EVER CAME DOWN IN VIETNAM:

59. Did you do it on your own, as part of a treatment or detoxification program, because you were locked up for some other reason, or in more than one of these ways?

Only on own	1	46/
Only in detoxification	2	
Only in lockup	3	
On own + detox	4	
Detox + lockup	5	
On own + lockup	6	
All three	7	

60. Think about the (worst) time you had coming down from narcotics in Vietnam — were you coming down with medicine or "cold turkey"?

Medicine (ASK A-C) 1
Cold turkey (GO TO C) 2

47/

IF MEDICINE:

A. What medicine did you get? RECORD VERBATIM.

B. For how many days did you get medicine?

One day 1
Two days 2
Three days 3
Four days 4
Five days 5
Six days 6
Seven or more days 7

48/

C. Were you using any other drugs, or alcohol, to help you come down?

Yes (ASK [1]) 3
No 4

49/

[1] IF YES: What? RECORD VERBATIM.

DECK 03

61.

A.		B.		
What symptoms did you have when you were coming down off narcotics that (worst) time in Vietnam? CODE SYMPTOMS R VOLUNTEERS BELOW.		ASK FOR ITEMS NOT MENTIONED IN A: When you were coming off narcotics in Vietnam (that worst time) did you have? READ AND CODE EACH ITEM.		
Yes		Yes	No	
(1) Runny nose and eyes?	1	2	3	50/
(2) Did you feel flushed or sweaty?	1	2	3	51/
(3) Did you have chills?	1	2	3	52/
(4) Did you have goose bumps or chill bumps?	1	2	3	53/
(5) Did you have nausea or vomiting?	1	2	3	54/
(6) Did your muscles twitch?	1	2	3	55/
(7) Did you have stomach cramps?	1	2	3	56/
(8) Did you have trouble sleeping?	1	2	3	57/
(9) Diarrhea?	1	2	3	58/
(10) Pain in muscles?	1	2	3	59/
(11) Other (VOLUNTEERED) (SPECIFY)	1			60/

IF ANY SYMPTOMS, ASK Q 62. OTHERS GO TO Q 63.

62 A. How long did it take you to finish withdrawing or jonesing that (worst) time?

Less than 12 hours	1	61/
12 hours to less than 2 days	2	
2 to 4 days	3	
5 to 10 days	4	
11 days to 2 weeks	5	
More than 2 weeks	6	

B. Did your symptoms just stop then, or did they stop only because you went back on the stuff (or received medicine)?

Just stopped	4	62/
Back on	5	
Medicine	6	

C-20

123

63. A. What were the main *good* effects (NARCOTICS R USED IN VIETNAM – FROM Q 53) had on you while you were in Vietnam? RECORD VERBATIM AND CODE IN COLUMN A.

B. FOR EACH EFFECT *NOT* CLEARLY MENTIONED, ASK AND CODE IN COLUMN B.

A. Spontaneously Mentioned	B.	
	"Yes" When Asked	"No" When Asked
(1) Did they make you feel high and good? 1	2	3 63/
(2) Did they make you less afraid of being killed or wounded? 1	2	3 64/
(3) Did they make you feel less bored? 1	2	3 65/
(4) Did they make you feel that you fitted better with the other soldiers? 1	2	3 66/
(5) Did they keep you from feeling depressed, blue, or down in the dumps? 1	2	3 67/
(6) Did they make time seem to go faster? 1	2	3 68/
(7) Did they make you less bothered, by Army routines and rules? 1	2	3 69/
(8) Other 1		70/

BEGIN DECK 04

64 A. What were the main *bad* effects you had as a result of using (NARCOTICS R USED IN VIETNAM FROM Q 53) in Vietnam? RECORD VERBATIM AND CODE IN COLUMN A

B. FOR EACH PROBLEM *NOT* CLEARLY MENTIONED, ASK AND CODE IN COLUMN B.

A. Spontaneously Mentioned	B.	
	"Yes" When Asked	"No" When Asked
(1) Did you ever take an overdose while you were there? 1	2	3 07/
(2) Did you ever get an infection or hepatitis from taking them? 1	2	3 08/
(3) Did using narcotics get you into trouble with the MP's or your officers, either directly or indirectly? 1	2	3 09/
(4) Did they ever make you careless about danger? 1	2	3 10/
(5) Did you feel you were strung out, or addicted? 1	2	3 11/
(6) Did you ever get too drowsy or high to do your job? 1	2	3 12/
(7) Did the drug itself make you nauseated or sick? 1	2	3 13/
(8) Did narcotics ever lead to your being relieved of your job, or transferred, either directly or indirectly? 1	2	3 14/
(9) Did they make you feel blue or down in the dumps? 1	2	3 15/
(10) Other 1		16/

65 (Were you ever/You said you were) in a drug treatment or detoxification program in Vietnam?

Never (GO TO Q 66) 01 17-18/

IF EVER, ASK

Did you go in of your own choice, or because you were found positive at the DEROS screening, or some other way?

- Own choice only (ASK A C) 02
- Positive at DEROS only (ASK A + B ONLY) 03
- Other way only (SPECIFY) (ASK A C) 04
- Own choice + positive DEROS (ASK A C) 05
- Own choice + other way (SPECIFY) (ASK A C) 06
- Positive DEROS + other way (SPECIFY) (ASK A C) 07
- All three (SPECIFY "OTHER WAY") (ASK A C) 08

A. What kind of treatment or help did you get for drugs in Vietnam? RECORD VERBATIM.

B. What effect did these programs have on you – did they get you off drugs for good, get you off for a while, help you reduce the amount you use, or didn't they have any effect?

Off for good	1	19/
Off for a while	2	
Helped reduce	3	
No effect, still on	4	
No effect, was not really on drugs	5	

C. IF O 65 NOT CODED "03": Were you in a drug program or locked up when the time for your DÉROS urine screen came up?

Yes, in drug program	1	20/
Yes, locked up	2	
No, neither	3	

SKIP TO Q 67

IF NO TREATMENT IN VIETNAM:

66. Did you ask for treatment or help with narcotics while you were there?

No (GO TO Q 67)	01	21-22/
-----------------	----	--------

IF YES, ASK: Who did you ask – an NCO, a line officer, a medic, a chaplain, a buddy, or who?

NCO (Non-com officer) (ASK A)	02
Line officer (ASK A)	03
Medic (ASK A)	04
Chaplain (ASK A)	05
Buddy (ASK A)	06
Other (SPECIFY) (ASK A)	07
Asked someone, not specified who (ASK A)	08

A. IF ASKED FOR HELP: Why didn't you get treatment? RECORD VERBATIM.

ASK EVERYONE:

67. How long ahead of time did you find out what day your urine was going to be screened for drugs before you left Vietnam?

Didn't hear in advance	1	23/9
Less than 72 hours	2	
72 hours to less than 1 week	3	
1 week to less than 1 month	4	
1 month or more	5	
Don't know	6	

C-23

126

DECK 04

68. Before you were due for screening, did you have an idea how long a person had to be off drugs to get through the screen?

IF YES, ASK: How long did you think it would be?

- | | | |
|-----------------------------|---|------|
| No idea (GO TO Q 69) | 1 | 24/9 |
| 1 day | 2 | |
| 2 days | 3 | |
| 3 days (72 hours) | 4 | |
| 4 days | 5 | |
| 5-7 days | 6 | |
| More than a week | 7 | |
| Heard, don't remember | 8 | |

69. Did you have an idea before you were due for screening what *kinds* of drugs the screening test could detect?

IF YES, ASK: What kinds of drugs did you think it could detect? (PROBE: Any others?) RECORD VERBATIM AND CODE.

- | | | |
|----------------------------------|----|----------|
| No idea (GO TO Q 70) | 01 | 25-26/99 |
| Narcotics only | 02 | |
| Uppers only | 03 | |
| Downers only | 04 | |
| Narcotics + Uppers | 05 | |
| Narcotics + Downers | 06 | |
| Uppers + Downers only | 07 | |
| All three | 08 | |
| Other drugs only (SPECIFY) | 09 | |

70. ASK EVERYONE EXCEPT THOSE WHO WERE IN TREATMENT OR LOCKED UP, AT DEROS (SEE Q 65-C).

Did you stop using any of the drugs on these cards, or any other medicines or drugs, because you thought your urine wouldn't pass the screen at DEROS?

CARDS
A, B
& C

IF YES, ASK: Which medicines or drugs did you stop? Any on the narcotics card? Any on these other cards?

- | | | |
|--|---|-----|
| No (GO TO Q 71) | 1 | 27/ |
| Stopped narcotics only (ASK A) | 2 | |
| Stopped narcotics and drugs on other card(s) (ASK A & B) | 3 | |
| Stopped drugs on other card(s) only (ASK B) | 4 | |
| Stopped only medicine or drugs on none of the 3 lists (GO TO Q 71) | 5 | |

C-24

- A. **IF STOPPED NARCOTICS:** How long before you were scheduled for your (first) DEROS screening test had you last used one of the narcotic drugs? IF STOPPED DIFFERENT NARCOTICS AT DIFFERENT TIMES, CODE THE **SHORTEST** INTERVAL.

1 day	1	28/
2 days	2	
3 days	3	
4 days	4	
5-7 days	5	
More than 7 days	6	
Don't know	7	

- B. **IF STOPPED UPpers OR DOWNERS:** How long before you were scheduled for your (first) DEROS screening test had you last used an upper or downer?

1 day	1	29/
2 days	2	
3 days	3	
4 days	4	
5-7 days	5	
More than 7 days	6	
Don't know	7	

ASK EVERYONE:

71.	A. What medicines or (other) drugs do you remember using <i>even once</i> in the 3 days before your departure date? LIST BELOW. Any narcotics at all? None (SKIP TO Q 73) 8 30/9	B. Were you using any of these under doctor's orders? IF YES: Which? CIRCLE CODES. None (ASK C) a	C. Which of these - (DRUGS AND MEDICINE IN A) - did you think the urine test might show? CODE BELOW.
		1 31/	1 35/
		2 32/	2 36/
		3 33/	3 37/
		4 34/	4 38/

72. IF RESPONDENT THOUGHT URINE TEST WOULD SHOW ANY DRUGS, ASK:

Why didn't you stop using it (them)? RECORD VERBATIM.

ASK EVERYONE:

73. Did they actually check *your* urine in the screening before you left Vietnam?

• No, not checked (ASK A)	1	39/9
• Don't know if checked	2	

IF YES, ASK: Was your urine positive (bad) or negative (good)?

• Checked, positive	3
• Checked, negative	4
• Checked, don't know results	5

A IF NO, NOT CHECKED: How did you get missed? RECORD VERBATIM.

74. Do you think the Army should or should not check urine for drugs at time of departure?

Should	1	40/9
Should not (ASK A)	2	
No opinion	3	

A IF SHOULD NOT: Why do you think they shouldn't? RECORD VERBATIM.

75. A Did you have your urine checked in any surprise sweeps *before* DEROS? (PROBE: With less than 3 days warning.)

Yes	1	41/9
No	2	

B Do you think the Army should or should not have surprise urine checks?

Should	1	42/9
Should not (ASK [1])	2	
No Opinion	3	

[1] IF SHOULD NOT: Why do you think they shouldn't? RECORD VERBATIM.

76. Some of the soldiers who are found positive for drugs on the DEROS urine screen are due for discharge in a few days. Do you think they should be discharged right away, or do you think they should be kept in the Army for treatment beyond their ETS dates?

Kept in	1	43/9
Discharged	2	
No opinion	3	

77. A. Suppose a soldier found positive for drugs at DEROS and due for discharge had done his job well in Vietnam. Should the fact that he had been on drugs make a difference in the kind of discharge he gets?

Yes	1	44/9
No	2	

- B. What kind should he get? PROBE BY READING CATEGORIES.

Honorable	1	45/9
Medical	2	
General	3	
Without honor	4	
Dishonorable	5	

78. Suppose a soldier due for discharge had messed up because of drugs - he hadn't been doing his job or following orders. Should he get a medical discharge because he was addicted to drugs, or should he get a dishonorable discharge because of his bad behavior, or what kind of discharge do you think he should get?

Medical	1	46/9
Dishonorable	2	
General	3	
Without honor	4	
Honorable	5	

79. Suppose a soldier found to be on drugs at DEROS is not due to ETS for another year. Should he be allowed to finish his enlistment, or should he be discharged?

Let him finish (ASK A)	1	47/9
Discharge him (ASK A)	2	
Let him finish only if treated (VOLUNTEERED) (ASK A)	3	
No opinion (GO TO Q 80)	4	

A. IF ANY OPINION - Why do you think so? RECORD VERBATIM

80. If a Vietnam soldier is to be kept in Service and treated for drugs, would it be better to treat him right where he is, treat him somewhere else overseas, or send him back to the States for treatment?

Where he is (ASK A)	1	48/9
Elsewhere overseas (ASK A)	2	
States (ASK A)	3	
No opinion (GO TO Q 81)	4	

A. *IF ANY OPINION:* Why do you think that would be better? RECORD VERBATIM.

81. After treatment, if he is to stay in, should he return to his old unit, or be transferred?

Return to unit (ASK A)	1	49/9
Transfer (ASK A)	2	
No opinion (GO TO Q 82)	3	

A. *IF ANY OPINION:* Why do you think so? RECORD VERBATIM.

82. After a man who has been on drugs in Vietnam is discharged, are there any special VA benefits he should receive -- other than what any other veteran gets?

Yes (ASK A)	1	50/9
No (GO TO Q 83)	2	

A. *IF YES:* What services? RECORD VERBATIM.

83. If a man who has been on drugs in Vietnam continues to need treatment for drugs after he is discharged, should the VA consider his drug problem "line of duty -- yes" or "line of duty -- no"?

"Line of duty -- yes"	1	51/9
No opinion	2	

IF "LINE OF DUTY -- NO," ASK:
Would you still feel that way if you knew the man had never even tried any drugs before he was sent to Vietnam?

{	Feel the same (i.e., "line of duty -- no")	3
	First exposure in Vietnam makes it "line of duty -- yes"	4

C-28

84. After you landed in the U.S., did you soon learn of someone from whom you could get any of these narcotics, if you wanted them?

HAND
CARD
C

IF YES, ASK: How long after you landed in the U.S. was this?

- NO (GO-TO Q 85) 01
- Less than 1 week (ASK A) 02 52-53/99
- 1 week to less than 1 month (ASK A) 03
- 1 month to less than 2 (ASK A) 04
- 2 months to less than 4 (ASK A) 05
- 4 months to less than 8 (ASK A) 06
- 8 months to less than 10 (ASK A) 07
- 10 months to less than 12 (ASK A) 08
- 12 months or more (ASK A) 09
- Yes, time period not specified (ASK A) 10

A. IF YES: Were you still in the Service?

- Yes 1 54/
- No 2

85. Do you know of someone or some place where you could go to right now, to buy heroin or opium if you wanted?

IF YES, ASK: How far would you have to go from where you're living now?

- No (GO TO Q 86) 1 55/9
- Within a mile 2
- 1 mile to less than 10 3
- 10 miles to less than 100 4
- 100 miles or more 5
- Yes, distance not specified 6

IF STILL IN SERVICE, SKIP TO Q 87.

IF OUT OF SERVICE, ASK Q 86.

86. While you were in the Service, what city or town in the States did you consider to be your home town?

(City)

(State)

- INTERVIEWER CODE: Same as current residence (ASK C) 1 56/
- Not same as now (ASK A-C) 2

DECK 04

IF NOT SAME AS NOW:

A. Did you live there at all after you got out of Service?

No 01 57-58/

Less than 1 week 02

1 week to less than 1 month 03

1 month to less than 2 04

2 months to less than 4 05

4 months to less than 8 06

8 months to less than 10 07

10 months to less than 12 08

12 months or more 09

Lived there, duration not specified 10

IF YES, ASK: How long did you live there, after you got out of Service?

B. Is there less or more heroin available in this town (where you live now) than in _____?
(home town in Service)

Less here 1 59/

More here 2

Same 3

Don't know 4

C. Did the availability of heroin have anything to do with your decision about where to live after your discharge?

No (GO TO Q 87) 1 60/

Moved to supply 2

Stayed, supply good 3

Moved away from supply 4

Stayed because no supply 5

Other 6

IF YES, ASK: In what way? RECORD VERBATIM AND CODE.

ASK EVERYONE:

87. Since you've been back from Vietnam, have you smoked any marijuana or hash?

Yes (IF DISCHARGED, SEE A,

IF IN SERVICE, GO TO B) 1

No (GO TO Q 88) 2

61/9

A. CHECK CUE SHEET. IF DISCHARGED WITHIN ONE WEEK AFTER RETURN, CODE "1" WITHOUT ASKING.

OTHERS, ASK A: Have you smoked it since you were discharged?

Yes (ASK B) 1

No (ASK B) 2

62/

C-30*

133

- B. Since you've been back, has there been a month or more when you've smoked it at least three times a week?

No	01	63-64/
Less than 1 week	02	
1 week to less than 1 month	03	
1 month to less than 2	04	
2 months to less than 4	05	
4 months to less than 8	06	
8 months to less than 10	07	
10 months to less than 12	08	
12 months or more	09	
Yes, time period not specified	10	

IF YES, ASK: How soon after your return from Vietnam did you start smoking it this much?

- C. Since you've been back, on a day when you've smoked grass, how many marijuana cigarettes or pipes have you usually smoked?

1-2	1	65/
3-4	2	
5-6	3	
7-9	4	
10-15	5	
16+	6	

- D. Have you felt you were using it too much?

Yes	1	66/
No	2	

ASK EVERYONE:

BEGIN DECK 05

88. Since you've been back from Vietnam, have you used any uppers on this list?

CARD A
LIST OF
UPPERS

Yes (IF DISCHARGED, SEE A, IF IN SERVICE, GO TO B)	1	07/9
No (GO TO Q 89)	2	

- A. CHECK CUE SHEET. IF DISCHARGED WITHIN ONE WEEK OF RETURN, CODE "1" WITHOUT ASKING.

OTHERS, ASK A: Have you used any since you were discharged?

Yes (ASK B)	1	08/
No (ASK B)	2	

- B. Since you've been back, did you get so you had to take more of uppers to get the same high? Did they make you hear voices? Did they make you feel, for no good reason, that someone was out to hurt you?

Yes, any of those	1	09/
No, none	2	

C-31

134

DECK 05

C. Since you've been back, have you taken them twice a week or more, for at least a couple of weeks in a row?

No 01 10-11/

IF YES, ASK: How soon after you got back from Vietnam did you start using them twice a week or more?

Less than 1 week 02
1 week to less than 1 month 03
1 month to less than 2 04
2 months to less than 4 05
4 months to less than 8 06
8 months to less than 10 07
10 months to less than 12 08
12 months or more 09
Yes, time period not specified 10

ASK EVERYONE:

89. Since you've been back from Vietnam, have you used any downers on this list, without a prescription, or more than was prescribed?

CARD 8 .
LIST OF
DOWNERS

Yes (IF DISCHARGED, SEE A,
IF IN SERVICE, GO TO B) 1 12/9
No (GO TO Q 90) 2

A. CHECK GUE SHEET. IF DISCHARGED WITHIN ONE WEEK AFTER RETURN, CODE "1" WITHOUT ASKING.

OTHERS, ASK A: Have you used any since you were discharged?

Yes (ASK B) 1 13/
No (ASK B) 2

B. Since you've been back, have you taken them several days a week?

No (GO TO Q 90) 01 14-15/

IF YES, ASK: How soon after you got back from Vietnam did you start using them several days a week?

Less than 1 week (ASK C) 02
1 week to less than a month
(ASK C) 03
1 month to less than 2 (ASK C) 04
2 months to less than 4 (ASK C) 05
4 months to less than 8 (ASK C) 06
8 months to less than 10 (ASK C) 07
10 months to less than 12 (ASK C) 08
12 months or more (ASK C) 09
Yes, time period not specified
(ASK C) 10

- C. When you were taking downers since you've been back, did you get so you had to take more to get the same effect? If you didn't take them, would you get to feeling weak and nervous?

Yes to either question	1	16/
No	2	

ASK EVERYONE:

90. Since you've been back, have you taken any of the narcotic drugs on this list?

Yes (IF DISCHARGED, SEE A, IF IN SERVICE, GO TO B)	1	17/9
No (SKIP TO Q 97)	2	

**CARD C
NARCOTIC
LIST**

- A. SEE CUE SHEET. IF DISCHARGED WITHIN ONE WEEK OF RETURN, CODE "1" WITHOUT ASKING.

OTHERS, ASK A: Have you used any since you've been out of Service?

Yes (ASK B)	1	18/
No (ASK B)	2	

- B. Which ones have you used since you have been back? CODE ALL THAT APPLY.

Heroin, H, Smack, or Stuff	1	19/
Demerol	2	20/
Opium	3	21/
Morphine or Syrettas	4	22/
Paregoric	5	23/
Codeine or cough syrup with codeine	1	24/
Robitussin A/C	2	25/
Dilaudid	3	26/
O.J.'s	4	27/
Methadone or Dolophine	5	28/

- C. How soon after you got back did you first take a narcotic drug?

Less than 1 week	1	29/
1 week to less than 1 month	2	
1 month to less than 2	3	
2 months to less than 4	4	
4 months to less than 8	5	
8 months to less than 10	6	
10 months to less than 12	7	
12 months or more	8	

DECK 05

91. Since you've been back, have you ever used them more than once a week?

No (SKIP TO B 97) 01 30-31/

IF YES ASK: How long after you got back from Vietnam did you start taking them more than once a week?

Less than 1 week 02
 1 week to less than 1 month 03
 1 month to less than 2 04
 2 months to less than 4 05
 4 months to less than 8 06
 8 months to less than 10 07
 10 months to less than 12 08
 12 months or more 09
 Yes, period not specified 10

SEE CUE SHEET IF DISCHARGED WITHIN ONE WEEK OF RETURN, GO TO B.

IF STILL IN SERVICE, OR IF DISCHARGED MORE THAN 1 WEEK AFTER RETURN, ASK A.

A After you got back, but while you were still in Service – for how long did you use them more than once a week?

Never 1 32/
 1 week or less 2
 More than 1 week, less than 1 month 3
 1 month to less than 6 months 4
 6 months to less than 1 year 5
 1 year or more 6

B ASK ONLY IF DISCHARGED After you left Service, how long did you use them more than once a week?

Never 1 33/
 1 week or less 2
 More than 1 week, less than 1 month 3
 1 month to less than 6 months 4
 6 months to less than 1 year 5
 1 year or more 6

92 A Since you've been back, have you injected any narcotic in your vein?

Yes (ASK B) a
 No (ASK B) b

B Have you injected them under the skin?

Yes (CODE BELOW) c
 No (CODE BELOW) d

C-34

CODE ANSWERS TO PARTS A & B:

Neither	1	34/
Vein (IV, shoot-up) only	2	
Under skin (skinpop) only	3	
Both	4	

NOW ASK C

C. How have you *usually* taken them, since you've been back? CODE ONE.

Snort	1	35/
Smoke	2	
Under skin (skinpop)	3	
Vein (IV, shoot-up)	4	
Swallow	5	
Other (SPECIFY)	6	

93. Do you feel you have been "strung out" since you've been back?

Yes (SEE BELOW)	1	36/
No (GO TO Q 94)	2	

IF YES AND LEFT SERVICE MORE THAN ONE WEEK AFTER RETURN, ASK A.

A. Only while you were still in service, only since discharge, or both?

Only in Service	1	37/
Only since discharge	2	
Both	3	

94.

A.

When you were coming down off narcotics, that is, not taking any narcotics (card C) for a day or more, since you've been back, what symptoms and physical problems did you have the worst time or haven't you ever come down? CODE SYMPTOM R VOL UNTEERS BELOW.

Never came down (SKIP TO Q 96) 4

38/

Items Mentioned

B.

ASK FOR EACH ITEM NOT MENTIONED IN A:

Thinking of the (worst) time you had coming down from narcotics since you've been back, did you ... ?

READ AND CODE FOR EACH ITEM.

Yes

No

C. 35

DECK 05

(1) Runny nose and eyes?	1	2	3	39/
(2) Did you feel flushed or sweaty?	1	2	3	40/
(3) Did you have chills?	1	2	3	41/
(4) Did you have goose bumps or chill bumps?	1	2	3	42/
(5) Nausea or vomiting?	1	2	3	43/
(6) Did your muscles twitch?	1	2	3	44/
(7) Did you have stomach cramps?	1	2	3	45/
(8) Did you have trouble sleeping?	1	2	3	46/
(9) Diarrhea?	1	2	3	47/
(10) Pain in muscles?	1	2	3	48/
(11) Other (VOLUNTEERED) (SPECIFY)	1	-	-	49/

SINCE BACK

95. A. How long did it take you to finish kicking or withdrawing that (worst) time?

Less than 12 hours	1	50/
12 hours to less than 2 days	2	
2 to 4 days	3	
5 to 10 days	4	
11 days to 2 weeks	5	
More than 2 weeks	6	

B. Did you just start feeling better then, or did it end only because you went back on the stuff?

Just started feeling better	1	51/
Back on	2	

C. When you were coming down off narcotics that (worst) time, were you coming down with medicine or "cold turkey"?

Medicine (ASK [1] + [2])	3	52/
Cold turkey (GO TO [2])	4	

[1] IF MEDICINE: What medicine did you get?

[2] Did you use any other drugs, or alcohol, to help you come off?

Yes (ASK [a])	5	53/
No (GO TO Q 96)	6	

[a] IF YES TO [2]: What? (RECORD VERBATIM)

IF USED NARCOTICS BOTH IN VIETNAM AND SINCE VIETNAM, ASK Q 96.

96. Did your use get heavier after you left Vietnam, was it about the same, or did it get smaller?

Heavier after 1 54/
Same 2
Smaller 3

IF DID NOT USE NARCOTICS IN VIETNAM OR SINCE RETURN, SKIP TO Q 99.

IF USED ANY NARCOTICS, IN OR SINCE VIETNAM, ASK Q 97.

97. Since you've been back, have you had any treatment for drugs, or been in any drug program?

Yes (Ask A-C) 1 55/
No (GO TO Q 98) 2

	I.	II.	III.	IV.	V.
	1st Place	2nd Place	3rd Place	4th Place	5th Place
A. Where was the first place? What kind of place is that?	Army 1 56/ VA 2 In patient hospital 3 Hospital clinic 4 Private M.D. 5 Other (SPECIFY) ... 6	1 59/ 2 3 4 5 6	1 62/ 2 3 4 5 6	1 65/ 2 3 4 5 6	1 68/ 2 3 4 5 6
B. ASK FOR EACH Were you sent there or did you yourself ask for treatment there?	Sent 7 57/ Asked 8	7 60/ 8	7 63/ 8	7 66/ 8	7 69/ 8
C. ASK FOR EACH How long did it take to get into that program, once you contacted them?	Less than 24 hours ... 1 58/ 24 hrs. to less than 72 hrs. (3 days) ... 2 3 days to less than 1 week ... 3 1 week to less than 2 ... 4 2 weeks to less than 4 ... 5 4 or more weeks ... 6	1 61/ 2 3 4 5 6	1 64/ 2 3 4 5 6	1 67/ 2 3 4 5 6	1 70/ 2 3 4 5 6

98. Did you ask about getting into any (other) drug program (where you did not actually get into one)?

Yes (ASK A & B) 1

07/

No (GO TO Q 99) 2

IF YES:

A. Where was that? (What kind of place?) Anywhere else? CODE NUMBER FOR EACH PLACE IN COLUMN I BELOW.

B. ASK FOR EACH PLACE R TRIED: Why didn't you enter treatment there did you get on a waiting list, were you turned down, or did you decide not to go there after all? CODE BELOW IN COLUMNS II-V.

	I.	II.	III.	IV.	V.
	R. tried here	Waiting list	Turned down	Decided not to go	Other (SPECIFY)
Army	1 08/	1 14/	2 15/	4 16/	8 17/
VA	2 09/	1 18/	2 19/	4 20/	8 21/
Hospital	3 10/	1 22/	2 23/	4 24/	8 25/
Clinic	4 11/	1 26/	2 27/	4 28/	8 29/
Private doctor	5 12/	1 30/	2 31/	4 32/	8 33/
Other (SPECIFY)	6 13/	1 34/	2 35/	4 36/	8 37/

ASK EVERYONE

99 Since you've been back, have you heard of any (other) place you could go for treatment of a drug problem (if you had one)?

Yes (ASK A & B) 1

38/9

No (GO TO Q 100) 2

IF YES:

A. What places do you know of? LIST NAMES.	B. CODE FOR EACH, IF OBVIOUS, CODE WITHOUT ASKING: Is that run by doctors, by ex-addicts, both doctors and ex-addicts, or who?					
	MD's	Ex addicts	Both	Other (SPECIFY)	Don't know	
	1	2	3	4	8	39/
	1	2	3	4	8	40/
	1	2	3	4	8	41/
	1	2	3	4	8	42/

100. How far away from your home is the *closest* place you know of to get treatment (whether or not you tried going there)?

Within a mile 1 43/9
 One mile to less than 10
 (less than 1 hour) 2
 10 miles to less than 100 3
 100 miles or more 4
 Don't know 5

IF USED NO NARCOTICS, IN OR SINCE VIETNAM: SKIP TO Q 108

IF RECEIVED NO TREATMENT (SEE Q 97) SKIP TO Q 106

101 OMITTED

102 Were you put on methadone maintenance in (the program/any of the programs) you have been in?

Yes (ASK A & B) 1 44/
 No (GO TO Q 103) 2

IF YES:

A (IF HAS BEEN ON MORE THAN ONE PROGRAM): Which program?
 CODE AS MANY AS APPLY.

142

DECK 06

V.A.	1	45/
Other In-Patient hospital	2	46/
Other Clinic	3	47/
Private M.D.	4	48/
Other (SPECIFY)	5	49/

B. Are you on methadone now?

Yes	1	50/
No	2	

103. Are you still going to (any of) the program(s)?

Yes	1	51/
No	2	

104. Since you've been back, how long (were you/have you been) in any drug programs, altogether?

Less than 24 hours	01	52-53/
24 to less than 72 hours (3 days)	02	
3 days to less than 1 week	03	
1 week to less than 2	04	
2 weeks to less than 4	05	
4 weeks to less than 8	06	
2 months to less than 5	07	
5 months to less than 9	08	
9 months or more	09	

105. Are you completely satisfied with the help you have had, or would you like something different?

Completely satisfied (GO TO Q 106)	1	54/
Something different (ASK A)	2	

A. IF SOMETHING DIFFERENT: Different in what way? RECORD VERBATIM.

106. Are you interested in any (further) services because of drug use, at present?

Yes (ASK A & B)	1	55/
No (GO TO Q 107)	2	
Undecided (ASK A & B)	3	

IF YES OR UNDECIDED:

A. What makes you feel that you (may) need services now? RECORD VERBATIM.

B. What type of help do you think you might want later? RECORD VERBATIM.

107. A. How are you doing now — are you using any narcotic drugs (other than prescription methadone)?

Yes 01 56-57/

IF NO, ASK: How long has it been since you've used any narcotics?

Less than 1 month 02

1 month to less than 3 03

3 months to less than 6 04

6 months to less than 9 05

9 months to less than 1 year 06

1 year to less than 2 years 07

2 years or more 08

No, time period not specified 09

B. Are you having any problems that you think might be due to having used drugs?

Yes (ASK (1)) 1 58/

No (GO TO Q 108) 2

(1) IF YES TO B: What kinds of problems? RECORD VERBATIM.

IF IN SERVICE NOW, SKIP TO Q 120.

IF DISCHARGED, ASK Q 108.

108. Now I'd like to ask you about jobs since you have been out of the Service. I'm going to ask some questions used by the Census. We're using their questions to find out if veterans are having more or less trouble finding jobs than other men the same age who have been asked these questions. First ...

Did you do any work at all last week, not counting work around the house? (NOTE: IF FARM OR BUSINESS OPERATOR, ASK ABOUT UNPAID WORK.)

Yes (ASK A) 1 59/

No (GO TO Q 109) 2

A IF YES: How many hours did you work last week at all jobs

HOURS WORKED: 60-61/

[IF 1-48 HOURS, ASK B
IF 49 OR MORE, SKIP TO Q 112.]

144

C-41

DECK 06

- B. **IF WORKED 1-48 HOURS:** Did you lose any time or take any time off last week for any reason, such as illness, holiday or slack work?

Yes (ASK [1]) 1 62/
No 2

- [1] **IF YES TO B:** How many hours did you take off?

NUMBER OF HOURS: _____ 63-64/

(PROBE: Did you count that time off when you told me you worked [ANSWER TO A] hours? IF TIME OFF WAS INCLUDED, GO BACK AND CORRECT A. ANSWER TO "A" SHOULD INCLUDE ONLY HOURS ACTUALLY WORKED.)

IF HOURS IN "A" PLUS "B[1]" LESS THAN 35 HOURS OR TEMPORARY JOB, GO TO Q 110; OTHERS SKIP TO Q 112

109. Did you have a job or business from which you were temporarily absent or on layoff last week?

No (GO TO Q 110) 01 65-66/

IF YES, ASK: Why were you absent from work last week?

Own illness (ASK A) 02
On vacation (ASK A) 03
Bad weather (ASK A) 04
Labor dispute (ASK A) 05
New job to begin with 30 days (SKIP TO Q 112) 06
Temporary layoff (under 30 days) (ASK A) 07
Indefinite layoff (30 days or more or no definite recall date) (ASK A) ... 08
Other (SPECIFY (GO TO Q 110)) .. 09

- A. How many weeks ago were you laid off?

_____ weeks 67-68/

GO ON TO Q 110

110. Have you been looking for work during the past 4 weeks?

Yes (ASK A-D) 1 69/
No (SKIP TO Q 111) 2

IF YES:

- A. What have you been doing in the last 4 weeks to find work? CODE ALL METHODS USED. DO NOT READ LIST.

Checked with	Public employment agency	1	70/
	Private employment agency	2	71/
	Employer directly	3	72/
	Friends or relatives	4	73/
Placed or answered ads		5	74/
Other (SPECIFY, e.g., MDTA, Union, or professional registration, etc.)		6	75/
Nothing	(SKIP TO Q 111)	7	76/

BEGIN DECK 07

B. Why did you start looking for work? Was it because you lost or quit a job at that time, or was there some other reason?

Lost job	1	12/
Quit job	2	
Left school	3	
Wanted temporary work	4	
Other (SPECIFY)	5	

C. (1) How many weeks have you been looking for work? _____ 13-14/

(2) How many weeks ago did you start looking for work? _____ 15-16/

D. Is there any reason why you could not take a job last week?

No 1 17/

IF YES, ASK: For what reason?

Already has a job	2	
Temporary illness	3	
Going to school	4	
Other (SPECIFY)	5	

111. When did you last work at a full-time job or business — 35 hours a week or more — lasting 2 consecutive weeks or more?

1967 or later (WRITE MONTH AND YEAR) (GO TO Q 112) 1 18/

(Month) (Year)

Before 1967 (GO TO Q 112)	2	
Never worked full time 2 weeks or more (SKIP TO Q 113)	3	
Never worked at all (SKIP TO Q 113)	4	

112. A. What kind of work were you doing (last week/when you last had a full-time job or business)? (For example, electrical engineer, stock clerk, typist, farmer.)

KIND OF WORK: _____

DECK 07

B. Were you:

- An employee of private company, business, or individual
for wages, salary or commission (ASK [2]) 1 19/
- A government employee (federal, state, or county) 2
- Self-employed in own business, professional practice, or
farm (ASK [1]) 3
- Working without pay in family business or farm (ASK [2]) 4

[1] IF SELF-EMPLOYED: Is the business incorporated?

- Yes (ASK [2]) 1 20/
- No (ASK [2]) 2

[2] In what kind of business or industry? (For example, TV and radio
manufacturing, retail shoes store, farm)

KIND OF BUSINESS OR INDUSTRY: _____

IF "NO" TO Q 110, ASK Q 113

113. A. What are the reasons you are not looking or work: CODE EACH REASON
MENTIONED.

- Believes no work available in line of work or area 1 21/
- Couldn't find any work 2 22/
- Lacks necessary schooling, training, skills or experience 3 23/
- Employers think too young or too old 4 24/
- Other personal handicap in finding job 5 25/
- Can't arrange child care 6 26/
- Family responsibilities 1 27/
- In school or other training 2 28/
- Ill health, physical disability 3 29/
- Other (SPECIFY) 4 30/
- Don't know 5 31/

B. Do you intend to look for work of any kind in the next 12 months?

- Yes 1 32/
- It depends (SPECIFY) 2
- No 3
- Don't know 4

ASK IF HAS NOT HAD A FULL-TIME JOB SINCE SERVICE (CHECK Q 111 AND CUE
SHEET)

114. Have you *tried* to get a full-time job since you've been out of service?

- Yes (GO TO Q 115) 1 33/
- No (ASK A) 2

- A. *IF NO:* Was there a special reason you haven't? RECORD VERBATIM, AND THEN SKIP TO Q 118.

ASK IF HAS, OR HAD, FULL-TIME JOB – OR TRIED TO FIND FULL-TIME JOB:

115. How soon after you got out of Service did you start looking for work?

Less than 1 week	1	34/
1 week to less than 1 month	2	
1 month to less than 2	3	
2 months to less than 4	4	
4 months to less than 8	5	
8 months to less than 10	6	
10 months to less than 12	7	
12 months or more	8	

ASK ONLY IF HAS WORKED FULL-TIME SINCE SERVICE. IF HAS NOT, GO TO Q 117.

116. A. How long did it take you to find a job – after you started looking?

Found one before left Service	01	35-36/
Less than 1 week	02	
1 week to less than 1 month	03	
1 month to less than 2	04	
2 months to less than 4	05	
4 months to less than 8	06	
8 months to less than 10	07	
10 months to less than 12	08	
12 months or more	09	

- B. So how long was it altogether between leaving Service and starting your first full-time job?

Less than 1 week	1	37/
1 week to less than 1 month	2	
1 month to less than 2	3	
2 months to less than 4	4	
4 months to less than 8	5	
8 months to less than 10	6	
10 months to less than 12	7	
12 months or more	8	

-
117. Have you been to any employment agency, hospital, or social agency who tried to help you find a job?

Yes (ASK A & B)	1	38/
No (GO TO Q 118)	2	

DECK 07

IF YES:

- A. Did you go any place where you would have to pay a fee, or part of your wages if they found you a job, or were they (all) free?

Any fee	1	39/
No fee	2	

- B. Did any agency *find* you a job that you took?

No	1	40/
----------	---	-----

IF YES, ASK: What kind of agency did?

Public employment	2
Social agency	3
Private agency	4
VA	5
Hospital	6

ASK EVERYONE (EXCEPT THOSE STILL IN SERVICE):

118. Did you know of any (other) agencies to which you could have gone for help in finding a job?

Yes (ASK A)	1	41/
No	2	

- A. IF YES: What agencies? RECORD VERBATIM. Probe: What kind of place is that (are they)? Is that (are they) government or private?

119. Did you have a full time job at the time you entered Service?

Yes (ASK A & B)	a
No (CODE 1 IN BOX BELOW AND ASK C)	b

IF YES:

- A. How long had you been working there when you entered the Service?

Less than 1 month	1	42/
1 month to less than 3 months	2	
3 months to less than 6 months	3	
6 months to less than 9 months	4	
9 months to less than 1 year	5	
1 year to less than 2 years	6	
2 years to less than 3 years	7	
3 years or more	8	

B. Did you try to get that job back when you left the Service?

Yes (ASK [1]) c

No (CODE 2 BELOW) d

[1] IF YES TO B: Was the job offered to you?

Yes (ASK [a]) e

No (CODE 3 BELOW) f

[a] IF YES TO [1]: And did you take job?

Yes (CODE 4 BELOW) g

No (CODE 5 BELOW) h

CODE RESPONSES TO ALL PARTS
OF Q 119 (EXCEPT A)

Not working when entered		
Service (ASK C)	1	43/
Didn't try to get job back	2	
Tried, was not offered job back	3	
Tried, was offered, and took		
job back	4	
Tried, was offered job, didn't take		
it	5	

C. IF NO TO Q 119: Had you ever had a full-time job before Service?

Yes 1 44/

No 2

ASK EVERYONE:

120 How many years of schooling have you completed as a regular full-time student?

Less than 12 years (ASK A) 1 45/9

12-15 years (GO TO Q 121) 2

College degree (GO TO Q 121) 3

A IF LESS THAN 12 YEARS: What was the main reason you left school then? CODE ONE.

To earn money 1 46/

No interest 2

Couldn't learn 3

Kicked out (expelled or suspended).

(ASK [1]) 4

Other (SPECIFY) 5

DECK 07

(1) IF KICKED OUT: What did they tell you was the reason? CODE AS MANY AS APPLY.

Too much hooky	1	47/
Fighting	2	48/
Drugs	3	49/
Other (SPECIFY)	4	50/

IF IN SERVICE, SKIP TO Q 127. IF DISCHARGED, ASK Q 121.

121. Are you enrolled in school at present?

No (GO TO Q 122) 1 51/

IF YES, ASK: How many hours a week do you go to school? RECORD VERBATIM AND CODE.

Less than 15 hours (ASK A)	2
15 hours or more (ASK A)	3
Yes, hours unspecified (ASK A)	4

A. IF IN SCHOOL: Is the VA paying for your schooling?

Yes	1	52/
No	2	

122. Have you applied for admission to any (other) school since you were discharged?

Yes	1	53/
No	2	
No, but plans to (VOLUNTEERED)	3	

123. Has any government or private agency given you advice about further education?

Yes (ASK A)	1	54/
No	2	

A. IF YES: What agencies? RECORD VERBATIM. PROBE: Is that (are they) government or private?

124. Do you know of any (other) agency where you could get help in choosing or applying to a school?

Yes (ASK A)	1	55/
No	2	

A. IF YES: What agencies? RECORD VERBATIM. PROBE: Who runs it (them) — is that (are they) government or private?

125. A. As far as you can tell *now*, how much more education or training do you *plan* to complete, altogether? RECORD VERBATIM AND CODE.

No more (SKIP TO Q 127)	1	56/
High School	2	
College (BA)	3	
Masters degree	4	
Ph.D., M.D., or other doctorate	5	
Vocational	6	
Other (SPECIFY)	7	
Don't know yet	8	

- B. IF NOT IN SCHOOL NOW (Q 121): When do you plan to start?

Within three months	1	57/
Three to less than 6 months	2	
6 months to less than 1 year	3	
More than 1 year from now	4	
No definite plans	5	

126. Do you feel that you would like to have any help in planning further education?

Yes	1	58/
No	2	

ASK EVERYONE:

127. Of course, you know the VA is supposed to help men who are discharged from Service. I wonder which of the benefits they offer you have heard about. Would you name the ones you can think of? RECORD VERBATIM AND CODE ALL THAT APPLY.

Tuition	1	59/
Subsistence while in school	2	60/
Medical care	3	61/
Dental care	4	62/
Insurance	5	63/
Vocational advice	6	64/
Other	7	65/

BEGIN DECK 08

128. What other benefits do you think the VA ought to give Vietnam veterans that they don't give now? RECORD VERBATIM AND CODE ALL THAT APPLY.

Guaranteed job	1	10/
Loans for housing	2	11/
Loans for car	3	12/
Other (SPECIFY)	4	13/

DECK 08

129. Have you ever been married, or lived as married?

	No (SKIP TO Q 135-A)	1	14/9
IF YES, ASK: How many times altogether?	Once	2	
	Twice	3	
	Three or more times	4	
	Married, number not specified	5	

130. At the time you went to Vietnam, (last), what was your marital status — were you still a bachelor, were you married and living with your wife, were you divorced or separated, or what?

(IF "SEPARATED" ASK: Would you have been living together if you did not have to be in camp? IF YES, CODE "2")

Single (ASK A)	1	15/
Married and together (GO TO Q 131)	2	
Divorced or separated	3	
Widowed	4	

IF SINGLE, OR MARRIED MORE THAN ONCE AND WIDOWED, SEPARATED, OR DIVORCED, ASK A:

A. Did you get married (again) during your Vietnam assignment?

Yes (GO TO Q 131)	1	16/
No (SKIP TO Q 135)	2	

131. Are you still married to and living with the woman (you were married to when you left for Vietnam/you married while in Vietnam)?

Yes (SKIP TO Q 136)	1	17/
No (GO TO Q 132)	2	

132. When did that marriage break up while you were still in Vietnam, or after you got back?

	In Vietnam	01	18-19/
IF AFTER GOT BACK How long after you got back did you separate?	Less than 1 week	02	
	1 week to less than 1 month	03	
	1 month to less than 2	04	
	2 months to less than 4	05	
	4 months to less than 8	06	
	8 months to less than 10	07	
	10 months to less than 12	08	
	12 months or more	09	
	After back, period not specified	10	

133. IF USED DRUGS IN VIETNAM OR SINCE, ASK:

Did your using drugs have anything to do with the breakup?

Yes a
 No b

134. Did your drinking have anything to do with the breakup?

Yes c
 No d

CODE RESPONSES TO Q'S 133 AND 134

Drugs, yes 1
 Drinking, yes 2
 Both 3
 Neither 4

135. Are you married or living with a girl friend now?

Yes 1 21/

A. IF NO: Are you going with a girl
 friend?

Going with girl 2
 No girl friend 3

ASK EVERYONE:

136.

A. Since you've been back from Vietnam, have you been associating with friends about as much as you used to before you went to Vietnam, more, or less? CODE BELOW.	B. IF UNMARRIED, BOTH NOW AND JUST BEFORE VIETNAM, ASK B: Have you been seeing girl friends as much as before you went to Vietnam, more, or less? CODE BELOW.
About the same 1 22/9 More now 2 Less now 3	1 23/ 2 3

137. Are most of the people you spend time with since you're back – friends you had before Vietnam, Vietnam veterans, or other people you met since you got back (other than relatives)?

Friends from before (GO TO Q 138)	1	24/9
Vietnam Veterans (ASK A)	2	
People met since back (ASK A)	3	
Both friends from before and Vietnam		
Vets (GO TO Q 138)	4	
All three (GO TO Q 138)	5	

A. Do any of your friends from before you went to Vietnam live here in town?

Yes	1	25/
No	2	

138. Since you've been to Vietnam, are you *more* willing or *less* willing to go around with people who smoke marijuana regularly, than you were before you went?

More now	1	26/9
Less now (ASK A)	2	
No change, still won't	3	
No change, still will	4	
Doesn't care, one way or the other	5	
Never thought about it	6	

A. IF LESS NOW: Why is that? RECORD VERBATIM.

139. What proportion of the people you associate with now smoke marijuana? PROBE BY READING CATEGORIES.

Almost all (85-100%)	1	27/9
More than half (60-84%)	2	
About half (40-59%)	3	
Less than half (16-39%)	4	
Very few (1-15%)	5	
None	6	

140. Since you've been to Vietnam, are you *more* willing or *less* willing to go around with people who use narcotics than before you went?

More now	1	28/9
Less now (ASK A)	2	
No change, still won't	3	
No change, still will	4	
Doesn't care, one way or the other	5	

A. IF LESS NOW: Why is that? RECORD VERBATIM.

141. Among the people you associate with now, what proportion use heroin or opium, or one of the other narcotics? PROBE BY READING CATEGORIES.

Almost all (85-100%)	1	29/9
More than half (60-84%)	2	
About half (40-59%)	3	
Less than half (16-39%)	4	
Very few (1-15%)	5	
None	6	

Now I'd like to ask you some questions about drinking.

142. How old were you the first time you ever got drunk?

Never drank at all (SKIP TO Q 161)	1	30/9
Drank, but never got drunk (SKIP TO Q 144)	2	
Before 15	3	
15-18	4	
19 or older	5	
Don't know	6	

143. In the year before you went into Service, how often did you used to drink enough to get drunk?

Never	1	31/
Less than 12 times a year	2	
One to three times a month	3	
Once a week or more	4	

144. Let's call a fairly regular drinker someone who drinks at least a six-pack of beer, or a bottle of wine, or seven drinks of liquor at least one evening a week. In the year before you went into Service, did you drink that much (at least part of that year)?

Yes (GO TO Q 145)	1	32/
No, less (SKIP TO Q 146)	2	
No, didn't drink (SKIP TO Q 146)	3	

IF EVER USED ANY ILLICIT DRUG, INCLUDING MARIJUANA, ASK Q 145. OTHERS SKIP TO Q 146.

145. Were you drinking as much as that before you first tried any drug — like marijuana or whatever you tried first?

Yes, drank that much before drugs	1	33/
Drank first, but not that much	2	
Drugs before drinking so much	3	

146. When did you do the most drinking — in the Service or before Service (or after Service)?

In Service	1	34/
Before Service	2	
After Service	3	

DECK 08

147. Did you drink more in Vietnam or before Vietnam (or since returning from Vietnam)?

In Vietnam	1	35/
Before Vietnam	2	
Since Vietnam	3	

148. In Vietnam, how often did you drink? USE CATEGORIES AS PROBE AS NECESSARY.

Never (SKIP TO Q 150)	1	36/
Less than once a month (GO TO Q 149)	2	
Less than once a week (GO TO Q 149)	3	
More than once a week (GO TO Q 149)	4	
Almost every day (GO TO Q 149)	5	

149. In Vietnam, how many times did you drink enough to get drunk?

Never	1	37/
Less than 10 times	2	
10 or more times (ASK A)	3	

A. IF 10 OR MORE TIMES: Did you average about once a week, more than that, or less than that?

Once a week	1	38/
More often	2	
Less often	3	

150. Have you been drunk in the last two months?

No	1	39/
----------	---	-----

IF YES, ASK: How often?

Once or twice	2
Three to six times	3
Seven to fifteen times	4
More than that (more than twice a week)	5
Yes, frequency not specified	6

151. Remember, we are calling a fairly regular drinker someone who drinks at least a six-pack of beer, or a bottle of wine, or seven drinks of liquor at least one evening a week. Since you've been back from Vietnam, has there been a time when you have been drinking that much?

No (SKIP TO Q 152)	01	40-41/
--------------------------	----	--------

IF YES, ASK: How soon after you got back from Vietnam did you start drinking that much?

Less than 1 week (SEE A)	02
1 week to less than 1 month (SEE A)	03
1 month to less than 2 (SEE A)	04
2 months to less than 4 (SEE A)	05
4 months to less than 8 (SEE A)	06
8 months to less than 10 (SEE A)	07
10 months to less than 12 (SEE A)	08
12 months or more (SEE A)	09
Yes, period not specified (SEE A)	10

A. CHECK CUE SHEET. ASK IF MORE THAN ONE MONTH BETWEEN RETURN AND DISCHARGE:

Have you been drinking that much some of the time since you left the Service?

Yes 1 42/
No 2

152. Have you ever been a morning drinker?

Yes (ASK A-E) 1 43/
No (GO TO Q 153) 2

ASK AND CODE FOR EACH.

	YES	NO	
IF YES: A. Did you drink in the morning before you entered the Service?	1	2	44/
B. In Service, before you went to Vietnam?	3	4	45/
C. In Vietnam?	5	6	46/
D. In Service, after Vietnam?	1	2	47/
E. After Service?	3	4	48/

153. Have you ever gone on binges or benders, where you kept drinking for several days without sobering up?

Yes (ASK A-E) 1 49/
No (GO TO Q 154) 2

ASK AND CODE FOR EACH.

	YES	NO	
IF YES: A. When was that - before Service?	1	2	50/
B. In Service, before Vietnam?	3	4	51/
C. In Vietnam?	5	6	52/
D. In Service, after Vietnam?	1	2	53/
E. After Service?	3	4	54/

154. Did you ever think you were drinking too much so that you thought you should cut down or quit drinking?

Yes (ASK A-E) 1 55/
No (SEE INSTRUCTION BOX BELOW) 2

ASK AND CODE FOR EACH

	YES	NO	
IF YES: A. When was that - before Service?	1	2	56/
B. In Service, before Vietnam?	3	4	57/
C. In Vietnam?	5	6	58/
D. In Service, after Vietnam?	1	2	59/
E. After Service?	3	4	60/

IF NO PROBLEMS (NO TO Q'S 152-154), AND WAS NEVER A
REGULAR DRINKER (NO TO Q'S 144 AND 151)

SKIP TO Q. 160.

OTHERS, GO TO Q 156.

155. OMITTED.

BEGIN DECK 09

Let me ask you about some (other) problems people sometimes have from drinking alcohol.

156. Have you ever been treated or hospitalized for a drinking problem?

Yes (ASK A-E) 1 07/
No (GO TO Q 157) 2

ASK AND CODE FOR EACH.

YES NO

IF YES: A. When was that -- before Service? 1 2 08/
B. In Service, before Vietnam? 3 4 09/
C. In Vietnam? 5 6 10/
D. In Service, after Vietnam? 1 2 11/
E. After Service? 3 4 12/

157. When drinking, have you ever had trouble with your memory, where you can't remember
the next day things you did while drinking:

Yes (ASK A-E) 1 13/
No (GO TO Q 158) 2

ASK AND CODE FOR EACH.

YES NO

IF YES: A. When was that -- before Service? 1 2 14/
B. In Service, before Vietnam? 3 4 15/
C. In Vietnam? 5 6 16/
D. In Service, after Vietnam? 1 2 17/
E. After Service? 3 4 18/

158. Have you ever had an accident because of drinking?

Yes (ASK A-E) 1 19/
No (GO TO Q 159) 2

ASK AND CODE FOR EACH.

YES NO

IF YES: A. When was that -- before Service? 1 2 20/
B. In Service, before Vietnam? 3 4 21/
C. In Vietnam? 5 6 22/
D. In Service, after Vietnam? 1 2 23/
E. After Service? 3 4 24/

159. A. Did drinking ever get you into trouble at school or on the job, before Service?

Yes 1 25/
No 2

B. How about after Service?

Yes 1 26/
No 2

160. IF EVER USED ANY DRUGS, INCLUDING MARIJUANA, ASK:

Which has caused you the *most* trouble — alcohol or drugs, if either did? CODE ONE.

No trouble from either (GO TO Q 161) 1 27/
Alcohol (GO TO Q 161) 2

IF DRUGS, ASK: Which drug?

{ Heroin 3
Marijuana 4
Other (SPECIFY) 5

ASK EVERYONE:

161. Since you've been back from Vietnam, have you been arrested at all?

Yes (ASK A-C) a
Yes, Traffic only (ASK A-C) b
No (CODE 1 BELOW) c

IF YES:

A. (ASK FOR EACH ARREST:) What (was/were) the specific charge(s)? RECORD VERBATIM.

B. Did drinking lead to (this/any of these) arrest(s) — either directly or indirectly?

Yes d
No e

C. (ASK IF USED ANY DRUGS SINCE RETURN): Did using drugs lead to (this/any of these) arrest(s) — either directly or indirectly?

Yes (CODE BELOW) f
No (CODE BELOW) g

160

C-57

CODE ALL PARTS OF Q 161; CODE ONE ONLY:

No arrests	1	28/9
Drinking lead to arrest(s)	2	
Drugs lead to arrest(s)	3	
Both drinking and drugs	4	
Neither drinking or drugs	5	

162. While in the Service, did you have any disciplinary action, or get busted, or get put in the stockade?

No (GO TO Q 163) 01 29-30/99

IF YES, ASK: Did that happen before you went to Vietnam, in Vietnam, after you got back, or during more than one of these times?

Before Vietnam only (ASK A-C)	02
In Vietnam only (ASK D-F)	03
After Vietnam only (ASK G-I)	04
Before <i>and</i> in (ASK A-C, D-F)	05
Before <i>and</i> after (ASK A-C, G-I)	06
In <i>and</i> after (ASK D-F, G-I)	07
All; before, in, and after (ASK A-I)	08
Yes, not specified when (GO TO Q 163)	09

IF BEFORE VIETNAM:

A. Did drinking lead to any of that trouble before you were in Vietnam — even indirectly?

Yes a
No b

B. (ASK IF USED ANY DRUGS BEFORE VIETNAM): Did using drugs (including marijuana) lead to any of that trouble before Vietnam, even indirectly?

Yes c
No d

C. Did you have any disciplinary action that was *not* related to either drugs or alcohol, before Vietnam?

Yes (CODE BELOW) e
No (CODE BELOW) f

CODE RESPONSES TO A, B AND C; BEFORE VIETNAM:

Drinking led to <i>all</i> trouble	1	31/
Drugs led to <i>all</i> trouble	2	
Both drinking and drugs led to <i>all</i> trouble	3	
Neither drinking or drugs (other only)	4	
Drinking and other	5	
Drugs and other	6	
Drinking, drugs, and other	7	

IF IN VIETNAM:

- D. Did drinking lead to any of that trouble while you were in Vietnam — even indirectly?

Yes a
No b

- E. (ASK IF USED ANY DRUGS IN VIETNAM): Did using drugs (including marijuana) lead to any of that trouble in Vietnam, even indirectly?

Yes c
No d

- F. Did you have any disciplinary action that was *not* related to either drugs or alcohol, in Vietnam?

Yes (CODE BELOW) e
No (CODE BELOW) f

CODE RESPONSES TO D, E AND F, IN VIETNAM:

Drinking led to *all* trouble 1
Drugs led to *all* trouble 2
Both drinking and drugs led to *all* trouble 3
Neither drinking or drugs (other only) 4
Drinking and other 5
Drugs and other 6
Drinking, drugs, and other 7

32/

IF AFTER VIETNAM:

- G. Did drinking lead to any of that trouble after you got back from Vietnam — even indirectly?

Yes a
No b

- H. (ASK IF USED ANY DRUGS SINCE RETURN): Did using drugs (including marijuana) lead to any of that trouble after Vietnam, even indirectly?

Yes c
No d

- I. Did you have any disciplinary action that was *not* related to either drugs or alcohol, after Vietnam?

Yes (CODE BELOW) e
No (CODE BELOW) f

CODE RESPONSES TO G, H, AND I; AFTER VIETNAM:

Drinking led to <i>all</i> trouble	1	33/
Drugs led to <i>all</i> trouble	2	
Both drinking and drugs led to <i>all</i> trouble	3	
Neither drinking or drugs (other only)	4	
Drinking and other	5	
Drugs and other	6	
Drinking, drugs, and other	7	

163. Were you ever arrested, or sent to juvenile court, *before* you went into the Service?

No (GO TO Q 164) 1 34/9

IF YES, ASK: How many times were you arrested altogether before Service, either as a juvenile or as an adult?

One or two times (ASK A-B) 2
 Three or four times (ASK A-B) 3
 Five or more times (ASK A-B) 4
 Arrested, number not specified (ASK A-B) 5

IF YES:

A. Did drinking ever lead to your arrest(s) before Service, even indirectly?

Yes 1 35/
 No 2

B. Did your police trouble have anything to do with your entering Service?

Yes 1 36/
 No 2

164. Have you been in any fights since you got back from Vietnam?

No 1 37/9

IF YES, ASK: How many times?

One 2
 Two 3
 Three or more 4
 Fights, number not specified 5

165. Did you get into fights pretty often before you went into Service?

Yes, often 1 38/9

IF NO, ASK: Did you occasionally?

Occasionally 2
 Once or twice 3
 Never, or not since age 16 4

166. Have you had any period of several weeks of feeling depressed, blue, or down in the dumps since you've been back?

No (GO TO Q 167) 01 39-40/99

IF YES, ASK: How soon after you got back did you begin feeling that way; or were you already feeling depressed when you landed?

When landed (ASK A) 02
 Less than 1 week (ASK A) 03
 1 week to less than 1 month (ASK A) 04
 1 month to less than 2 (ASK A) 05
 2 months to less than 4 (ASK A) 06
 4 months to less than 8 (ASK A) 07
 8 months to less than 10 (ASK A) 08
 10 months to less than 12 (ASK A) 09
 12 months or more (ASK A) 10
 Yes, time not specified (ASK A) 11

A. IF ANY PERIOD: Do you still feel that way, or did those feelings go away?

Still feel that way (constantly or sporadically (ASK [1]) 1
 Went away (ASK [2]) 2 41/

[1] IF STILL FEELS THAT WAY: For how long have you been feeling that way? CODE BELOW.

[2] IF FEELING WENT AWAY: Over how long a time did those feelings last (the longest time)? CODE BELOW.

Less than 1 week 1 42/
 1 week to less than 1 month 2
 1 month to less than 2 3
 2 months to less than 4 4
 4 months to less than 8 5
 8 months to less than 10 6
 10 months to less than 12 7
 12 months or more 8

	YES	NO	
167. A. Since you've been back, have you had trouble sleeping, over a period of several weeks?	1	2	43/9
B. Since you've been back, has there been a long enough period when you didn't feel hungry, so that you lost weight (more than 8 lbs.)?	1	2	44/9
C. Have you — for several weeks — felt tired for no reason, or not able to get going when you wanted to do something?	1	2	45/9
D. Since you've been back, have you been thinking about dying, or about harming yourself?	1	2	46/9
E. Have you been worried about losing your mind?	1	2	47/9
F. Have you had any crying spells?	1	2	48/9

DECK 09

IF IN SERVICE, SKIP TO Q 169

168 Since you have been out of Service, have you seen a doctor about your nerves or feeling blue?

Yes (ASK A C) 5 49/
No (GO TO Q 169) 6

IF YES

A Were you in a hospital?

Yes 1 50/

- IF NO, ASK How many doctor visits did you have?

One 2
Two to four 3
Five or more 4
Not hosp., no visits not specified 5

B Was that (were they) at a VA facility, some other clinic or hospital, or to a private doctor? CODE AS MANY AS APPLY

VA facility 1 51/
Clinic 2 52/
Hospital 3 53/
Private doctor 4 54/
Other (SPECIFY) 5 55/

C How long after you got out of Service did you first see a doctor about this kind of problem?

Less than one week 1 56/
One week to less than one month 2
One month to less than 2 3
Two months to less than 4 4
Four months to less than 8 5
Eight months to less than 10 6
Ten months to less than 12 7
Twelve months or more 8

ASK EVERYONE

169 While you were in the Service, did you see a doctor for nervous problems,

No (SKIP TO Q 170) 01 57 58 99

Before Vietnam only (SKIP TO Q 171) 02

In Vietnam only (SKIP TO Q 171) 03

After Vietnam only (ASK A) 04

Before and in (SKIP TO Q 171) 05

Before and after (ASK A) 06

In and after (ASK A) 07

All, before, in, and after (ASK A) 08

Yes, not specified when (SKIP TO Q 171) 09

C-62

- A. *IF AFTER VIETNAM:* When you saw the doctor for this problem (after you left Vietnam), were you in a hospital?

Yes 1 59/

IF NO, ASK: How many doctor visits did you have (after Vietnam)?

One 2
Two to four 3
Five or more 4
Not hosp.; no. visits not specified 5

170. *ASK IF DID NOT SEE DOCTOR IN SERVICE, FOR NERVOUS PROBLEMS:* Did you have any nervous problems while you were in Service for which you thought you ought to see a doctor, but didn't?

No 01 60-61/

IF YES, ASK: When was that -- before Vietnam, in Vietnam, after Vietnam, or during more than one of those times?

Before Vietnam only 02
In Vietnam only 03
After Vietnam only 04
Before and in 05
Before and after 06
In and after 07
All; before, in, and after 08
Yes, not specified when 09

ASK EVERYONE

- 171 Before you went into Service, had you ever seen a doctor for nervous problems?

Yes 1 62/9
No 2

- 172 Finally, I have a few questions about your childhood. Did you live with both your real parents all the time until you were 16?

Yes (GO TO Q 173) 1 63/9

IF NO, ASK: Who was absent your father or your mother, or both of them?

Father gone (ASK A & B) 2
Mother gone (ASK A & B) 3
Both gone (ASK A & B) 4

IF EITHER PARENT GONE

- A What happened did (he/she) leave, or die, or go to a hospital, or what? RECORD VERBATIM AND CODE ONE.

Separated 1 64/
Death 2
Hospital 3
Separated with 4
Separated hospital 5
Death and hospital 6
Separated, death, and hospital 7
other (SPECIFY) 8

DECKS 09-10

B. Did you have a step parent (parents), or did anyone else act as a parent to you?

Yes 1 65/
No 2

173. What did the person who supported you do for a living when you were around 14 or 15?
(IF FATHER [OR FATHER-SUBSTITUTE] WORKING, GET HIS OCCUPATION.
OTHERWISE, ASK FOR "...the *main earner* in your family.") (PROBE, IF
NECESSARY: What was [his/her] job called? What were some of [his/her] main duties?)

A. OCCUPATION: _____

B. What kind of business was that? (What did they make or do?)

INDUSTRY: _____

BEGIN DECK 10

174. Did either or both of your (real) parents have a drinking problem when you were growing up? (Which?)

Neither 01 10-11/99
Real father only 02
Real mother only 03
Both real parents 04
Mother no, DK father 05
Mother yes, DK father 06
Father no, DK mother 07
Father yes, DK mother 08
DK either 09

A. IF HAD PARENT SUBSTITUTE(S) ASK: How about the person(s) who took care of you after your (mother/father) was gone — did (he/she/they) have a drinking problem?

Yes, one or both 1 12/
No, neither 2

175. Were either or both of your (real) parents on drugs when you were growing up? (Which?)

Neither 01 13-14/99
Real father only 02
Real mother only 03
Both real parents 04
Mother no, DK father 05
Mother yes, DK father 06
Father no, DK mother 07
Father yes, DK mother 08
DK either 09

A. IF HAD PARENT SUBSTITUTE(S) ASK: How about the person(s) who took care of you after your (mother/father) was gone — did (he/she/they) use drugs?

Yes, one or both 1 15/
No, neither 2

176. Did either of your (real) parents have an arrest record? (Which?)

Neither	01	16-17/99
Real father only	02	
Real mother only	03	
Both real parents	04	
Mother no, DK father	05	
Mother yes, DK father	06	
Father no, DK mother	07	
Father yes, DK mother	08	
DK either	09	

A. IF HAD PARENT SUBSTITUTE(S) ASK: How about the person(s) who took care of you after your (mother/father) was gone – did (he/she/they) have an arrest record?

Yes, one or both	1	18/
No, neither	2	

177. Did either of them have any nervous illness or breakdown, or mental troubles, for which they saw a doctor or went into a hospital (Which?)

Neither	01	19-20/99
Real father only	02	
Real mother only	03	
Both real parents	04	
Mother no, DK father	05	
Mother yes, DK father	06	
Father no, DK mother	07	
Father yes, DK mother	08	
DK either	09	

A. IF HAD PARENT SUBSTITUTE(S) ASK: How about the person(s) who took care of you after your (mother/father) was gone – did (he/she/they) have any nervous illness or breakdown, or mental troubles for which they saw a doctor or went into a hospital?

Yes, one or both	1	21/
No, neither	2	

178. Where did you live most of the time when you were in your teens? RECORD PLACE

(City or Town)	(State)	
IF LARGE CITY. ASK: Was that in the city itself, or in a suburb?	{ In city itself	1 22/9
	{ Suburb	2
IF NOT LARGE CITY. ASK: Was that out in the country, in a small town, a small city, or the suburb of a large city?	{ Rural (country)	3
	{ Small town	4
	{ Small city	5
	{ Suburb of a large city	2

DECK 10

179. Did you ever get held back a grade in school?

	Never	1	23/9
IF EVER, ASK: How many times?	Once	2	
	Twice	3	
	Three or more	4	

180 Did you attend school regularly or did you stay away from school a lot?

Regularly	1	24/9
Stayed away a lot	2	
Stayed away a lot in last year only (VOLUNTEERED)	3	
Other (SPECIFY)	4	

181. With which draft board were you registered when you entered Service? Do you remember the number? Can you tell me the location?

LOCAL DRAFT BOARD NUMBER: _____

LOCATION: _____ / _____ / _____
(Street) (City/Town) (State)

Don't remember number or location (ASK A) a
Had none (entered before age 18) (ASK A) ..b

A IF DON'T KNOW OR ENTERED BEFORE AGE 18: Where did you live at the time you entered Service?

(City or Town) (State)

182 ASK ONLY IF USED ANY DRUGS (INCLUDING MARIJUANA) IN VIETNAM:

Thinking back over your experience with drugs in Vietnam, do you think it has done you any harm?

Yes	1	25/
No	2	

ASK EVERYONE

183 What about the future do you think you'll be using narcotics?

Yes (ASK A)	1	26/9
No (GO TO Q 184)	2	
Don't know (ASK A)	3	

169

A. IF YES OR DON'T KNOW: Do you think you'll have problems with them (if you do)?

Yes	1	27/
No	2	
Don't know	3	

184. Do you think using other drugs will cause you any problems in the future, or won't you use any?

Won't use any (GO TO Q 185)	1	28/9
Yes, problems (ASK A)	2	
No, no problem (ASK A)	3	
Don't know (ASK A)	4	

A. What do you think you're likely to use?

Marijuana only	1	29/
Uppers only	2	
Downers only	3	
Marijuana + uppers	4	
Marijuana + downers	5	
Uppers + downers	6	
All three	7	
Other (SPECIFY)	8	

CLOSE YOUR BOOK.

185. Those are all the questions. Now there is one more thing. We need a urine sample. The sample will be sent to Canada for analysis (SHOW ADDRESSED CONTAINER), and your name will not be on it, so it will not be on the report. That way, we can estimate how many positive urines there are among all Vietnam veterans, without knowing for any individual whether his urine is positive or not.

Gave urine sample (ASK A)	1	30/9
Refused (ASK A)	2	

A. Do you think it (will/would) likely be positive?

Yes (ASK B)	1	31/9
No	2	

B. IF YES TO A. With what? (SPECIFY DRUG.)

186. Finally, may I have your Social Security number? (The number will be checked against our office records only to make sure I have interviewed the right person - it will *not* go with your interview [or your urine sample].)

RECORD NUMBER IN UPPER RIGHT CORNER OF FACE SHEET. DO NOT ENTER NUMBER ANYWHERE ON QUESTIONNAIRE. IF REFUSED, OR DON'T KNOW, NOTE THIS ON FACE SHEET ONLY.

170

TIME _____	AM
ENDED: _____	PM

187. Are there any questions you would like to ask me? (SUMMARIZE BRIEFLY, AFTER LEAVING R.)

INTERVIEWER REMARKS

A. Length of Interview:

_____ 32-34/999

B. Date of Interview:

(Month)

35-36/99

(Day)

37-38/99

C. Interviewer's Signature:

D. City of Interview:

(City/Town)

(State)

E. Place of Interview:

39-40/99

R's home	01
Office space — NORC or borrowed/rented	02
Interviewer's hotel lobby	03
Car	04
Bar or restaurant	05
Narcotic treatment facility	06
Hospital	07
Jail	08
Other (SPECIFY)	09

DESCRIBE THE RESPONDENT:

G. Weight:

Emaciated	1	42/9
Thin	2	
Average	3	
Obese	4	

H. Honesty of response:

High	1	43/9
Medium	2	
Low	3	

I. Understanding of questions:

High	1	44/9
Medium	2	
Low	3	

J. Ability to articulate answers:

High	1	45/9
Medium	2	
Low	3	

K. Cooperativeness:

Cooperative	1	46/9
Suspicious	2	
Hostile	3	
Uncommunicative	4	

171

F. Privacy?

Yes 1 41/9
 No 2
 Most of the time 3

L. Any sign of:

Yes	No
-----	----

Drunkenness? 1 2 47/9
 Drug intoxication? 1 2 48/9
 Nervous problem? 1 2 49/9
 Withdrawal? 1 2 50/9

M. Ethnic group:

Black 1 51/9
 White 2
 Oriental 3
 Indian 4
 Spanish 5
 Can't tell 6